mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
should be carefully supplied. AGE should be stated EXACTIE OF DEATH in plain terms, so that it may be properly classified is very important. See instructions on back of certificate.
should be carefully supplied. AGE should be stated I E OF DEATH in plain terms, so that it may be properly is very important. See instructions on back of certificat
should be carefully supplied. AGE should be E OF DEATH in plain terms, so that it may be is very important. See instructions on back of
should be carefully supplied. AGE should E OF DEATH in plain terms, so that it may is very important. See instructions on back

1. PLACE OF		OF MAR'	YLAND-	CERTIFICATE OF DEATH	2918
County Frederick Village or City Della Mlar Busheyelau				81-0) Paristation Dia no. (3)	1
				Registration Dist. No. 30 Registration Dist. No	
				sds. How long In U.S. if of loreign birth?yrsm	osds.
1	E Johnie			If U. S. Veteran, specify WAR_None	
(a) Residence	: No. Della,	(Usual place		St., Ward. If nonresident give city or town and	State
PERSONA	L AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	Color or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 12, (Month) (Day)	, 193 ¹⁷ (Year)
5a. If married, widowed HUSBAND ol (or) WIFE ol	harles E.	Ambush		22. I HEREBY CERTIFY. Thet I attended 19.37, to March 12	decaased from
6. DATE OF BIRTIF (m	onth, day, and year)	March 24	, 1868	I last saw h - alive on Jack 1 0 ,19.37	.; death is said
7. AGE Years	. 77	Days 22	Il LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 7:30P m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
9. Industry or bu	one, as SILK MILL, BANK, etc	0000		Other Contributory Causes of Importance:	3/10/37
(State or countr					
13. NAME HAT 14. BIRTHPLACE ((State or co	city or town)	ryland		Name of operation Date of What test confirmed diagnosis? Was there an a	autopsy? Ma
15. MAIDEN NAMI	scuinth.	a Fisher		23. 11 deeth wes due to externel ceuses (VIOLENCE) fill in elso the following	
17 INFORMANT	city or town) Mar ountry) Mar olla, Fred	mbush	Md.	Accident, suicide, or homloide? Date of Injury Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
18. BURIAL, CREMATIO	N, OR REMOVAL A	M. H. 37	emetery 16 ,19 3	Menner of Injury	
19. UNDERTAKER (Address)	R. Etch rederick,	ison & S Marylan	eled	24. Wes disease or injury in any way related to occupation of deceased? If so, specify	M. D.
-	16,1037	some	Registrar.	(Signed) William S. Sims. (Address) 7 Released 1, In D.	М.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		5 1 0	

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS BY PHYSICIA	N
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V. S. No. 1

19. UNOERTAKER

(Address)

20. FILED ... MAGA

item of infor-

OCCUPA-

of

MITELY BOAN OO NINSTATE OF MARYLAND	CERTIFICATE OF DEATH 02919
1. PLACE OF DEATH	
County Frederick 60	Registration Dist. No. 14/
Village or City Brunswick	No. St. Ward
(If Length of rasidance in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME alverda Bernard	If U. S. Veteran, specify WAR
(a) Residence: No. 7. East & St	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH Murch (Month) (Oey) (Year)
HUSBANO of (or) WIFE of widow . Lagar Bernard	22. March 1 HEREBY CERTIFY, That I attended deceased from 1937, to March 12, 1937
6. DATE OF BIRTH (month, day, and year) which 23.1866	I last saw has alive on
7. AGE 71 Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at Alexandria. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8 Trade profession or particular	Cenoleial Kenoulage Made 15.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year) spent in this occupation	
12. BERTHPLACE (city or town) Point of Rocks Ind (State or country) Frederick Qo	Other Contributory Causes of importance: Our eccelas Rebuellation 3
13. NAME Nother W. Thomas	
13. NAME Nothy W. Thomas 14. BIRTHPLACE (city or town) Cadamatown Md (State or country) Frederick Co	Nama of operationOata of
15. MAIDEN NAME Catherine Dean 16. BIRTHPLACE (city or town) Point of Rocks md	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida?
(State or country). Freduct Cs 17. INFORMANT Mrs Howard Lewis	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
AL LACE	

18. BURIAL CREMATION. OR REMOVAL Mannar of Injury

Nature of Injury

24. Was diseasa or injury in any

If so, spacify (Signed) (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ECELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1937	July 5, 1927	Peritonitis	3 days ago
	EUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECOAD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE-PL.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02920
1. PLACE OF DEATH County Braderick Within the Corporate II	8200
County Frederick within the	Registration Dist. No.
Village or City Frederick	No. 32 E. J. Mard
	death occurred in a hospital or institution, give in NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Josephine Maude Bidding	the state of the s
	800
(a) Residence: No. 33 East Fifth Street (Usual place of abode)	St. Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) White Married	21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of	(month) (Day) (Taal)
(or) WIFE of Ephriam M. Biddinger	22. I HEREBY CERTIFY, That I attended deceased from 19.37, to 10.44, 9, 19.37
1.0.7004	I last saw h. D. alive on
6. DATE OF BIRTH (month, day, and year) August 8, 1864 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2.5 Pm. M.
170 ry 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of enset
kind of work done, as SPINNER, Housewife	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end 7 / 74 11. Total time (years) spent in this 4 F	Perhal Jernana 8
work was dona, as SILK MILL, At Home SAW MILL, BANK, etc	I mule 7
10. Date deceased last worked at this occupation (month and 1/34 year) 11. Total time (years) spent in this occupation occupation	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Maryland (State or country) Maryland	Randon
	January 215 Way 15 mins
13. NAME Henry Biser 14. BIRTHPLACE (city or town)	Nama of oparation Deta of
(State or country) Maryland	What test confirmed diagnosis?
15. MAIDEN NAME Clemetine Shook	23. If death was dua to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Clemetine Shook 16. BIRTHPLACE (city or town). (State or country) MORTHURAN	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT Ephriam M. Biddinger (Address) 33 East Fifth St. Frederick	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Frederick, Md.	Menner of Injury
Plece Mt. Olivet CemeDate 3/12/37,19	- Nature of Injury
19. UNDERTAKER M.R. Etchison & Son	24. Was disease or injury In any way related to occupation of deceased?
(Address) Frederick, Maryland	If so, specify
20. FILED D. March 1937: draf. M. Curdy.	(Signed) M. D. (Address)
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	16	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
On What I Supply V. S.	77		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 02921
1. PLACE OF DEATH	pur statistical 10
County Frederick	Registration Dist. No.
Village or City Trederich	No Tre decip Ceit Hosp. St. War
	If death occurred in a hospital or institution, give in NAME instead of street and number)
Length of residence in city or town whara daath occurred	How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Popul The Harald	. If U. S. Veteran, specify WAR
(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white OR DIVORCED (write the word)	March 7, 1937
5a. If married, widowed, or divorced	(Month) (Day) Mear)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased fro
10	1 (1927, to March 1, 192)
6. DATE OF BIRTH (month, day, and year) Tel. 13, 1902	I last saw h alive on 1922; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
35 / 4 1 day,	were as follows: Date of once
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.	The Comments of the comments o
9. Industry or business in which	13
9. Industry or business in which work was done, as SILK MILL, was democrated by SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation).	
- II soccapation (month and spant in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) May land	
13. NAME Charge S. Co. Bopel	
14. BIRTHPLACE (city or town).	Name of operation
× 2 7 2 /64 40	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mellie J. Spanseller	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
H SAB T	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Secretary (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Int Oline Date 3/20,193)	
19. UNDERTAKER Herry E. Cearly Con	24. Was disease or injury in any way related to occupation of daceased?
(Addrass) I he devite ! ma.	If so, specify
20 FILE 08 - Mile 1337 Amlleund	(Signed) A. Austin Tears, M.
Registrar.	(Address) Tredening Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	1 1 1	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	DEATH			
County F1	rederick			Registration Dist. No. 138
Village or City			(II	No. Riggs Cottage Sanitarism Ward f death occurred in a horpital or institution, give its NAME instead of street and number) Solds. How long in U.S. if of foreign birth? yrs. mos. ds.
	nce in city or town where			
2. FULL NAM		M. Breis		
(a) Residence	: No. Rising	Sun Md.		St., Ward. If nonresident give city or town and State
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Female	White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH 3 - 18 - 193 37 (Month) (Day) (Year)
5a. If married, widowed HUSBAND of (or) WIFE of	or divorced Hiram C. 1	Breisch		22. I HEREBY CERTIFY, That I attended deceased from 7 - 20 - 19 33, to 3-I8-I937, 19
6. DATE OF BIRTH (me	onth, day, and year)	2 - 16 -	- 1857	I last saw h_er_alive on 3-18-1937 ,19 ; death is said
7. AGE Years	Months	Days 2	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, a \$20 A_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry or bu work was d SAW MILL, 10. Date deceased	k done as SPINNER, OOKKEEPER, etc	Housew: Houseke		Cerebral Arteriosclerosis 1932
	or town)Harr.			Other Contributory Causes of importance: Senile arteriosclerotic degeneration, organic dementia
13. NAME	Isaac R. T.	aylor	Torrest St.	chronic interstitial nephritis 193
13. NAME 14. BIRTHPLACE (c) (State or co)	eity or town)Har untry)	risvill	e Md.	Name of operation NONE Date of What test confirmed diagnosis? Clinical Was there an autopsy? NO
15. MAIDEN NAME	Lucinda	M. Harl:	an	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE ((State or co	oity or town). Lanc. country)	aster Co	o. Pa.	Accident, sulcide, or homicide?NO
	iram C. Br Rising Sun		Husband)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIO	N. OR REMOVAL ROllingham	Pate Mare	2/	Manner of injury
19. UNDERTAKER (Address)	Proifing	Sun Ki	aylor alone	24. Was disease or injury In any way related to occupation of deceased?NO If so, specify
7			Registrar.	(Address) Slamsville Mangard

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH 02923	
County Lagrange County	X Frederick	Registration Dist. No. 132	
Village or City	allev.	No. St Warr	d
Length of residence in city or town where deat		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds	s.
2. FULL NAME Benjamin I		If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mary 3 1937 (Month) (Day) (Gaz)	_
5a. If married, widowad, or divorced IIUSBAND of Martha Anne I	Bu tts	22. JHEREBY CERTIFY, That I attended deceased from February 1937 to Mary 1937	m
6. DATE OF BIRTH (month, day, and year)	ober 10.1860	Llast saw h. Mae eliva on Par 1, 1937; death is sal	- Id
7. AGE Yaars Months 4	Days 26 If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Day Laborer 11. Total tima (years) spent in this occupetion 60	Chronie Cardia Valuulas 1936	
12. BIRTHPLACE (city or town) Burki f	ttsville, Md.	Other Contributory Causes of importanca:	-
E 13. NAME Rezin F. Butt	cs		-
14. BIRTHPLACE (city or town) Burki	ttsville, Md.	Name of operation 2000 Date of What test confirmed diagnosis? Was there an autopsy? 2000	0
15. MAIDEN NAME Lydia Holn	nes	23. If daath was dua to external ceuses (VIOLENCE) fill in also the following:	-
16. BIRTHPLACE (city or town) Mashing (State or country)	ton Co, Md.	Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT Charles Butts (Address) Burkittsvil	le. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
an olimial operation on present	rust Valley	Manner of injury Neture of injury	
19. UNDERTAKER. Gladhill Con (Addrass) Hiddletown, 20. FILED March 5, 1937. D. G	Md.	24. Was disease or injury in any way related to occupation of deceased? Zw. If so, specify (Signad) (Address) (Address)	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 Ë ż should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02924
1. PLACE OF DEATH	97
County Frederick Cou	
Village or City Emmitsburg, Maryland	St. Moseon's College
0 (1	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth? 60yrsmosds.
2. FULL NAME Sister Mary Ann Carter (a) Residence: No. St. Joseph's College (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattendad decasas from fan 30 1937 to 3 10 1937
6. DATE OF BIRTH (month, day, and year) August 9, 1849	Wast saw h alive on 3/10, 1987; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at A. 43 P.m.
87 7 14 I day,hrs.	THE RINCHAL CAUSE OF DEATH and related causas of importance
2 Trade profession or particular	Chrome arterial Deleases 1924
kind of work done, as SPINNER, Religious SAWYER, BOOKKEEPER, etc. Not was done, as SILK MILL, Stop Chaile SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and 1935 spent in this occupation.	
Nova Scotia- Canada 12. BIRTHPLACE (city or town) King's County	Other Coutributory Causes of importance:
13. NAME John Carter 14. BIRTHPLACE (city or town) Dublin, Ireland (State or country) Dublin, Ireland	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Johanna Doherty 16. BIRTHPLACE (city or town) Lower Horton, Canada (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida?
17. INFORMANT Sister Gertrude Sintin Sulfinde (Addrass) St. Joseph's College, Emmitsburg,	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, UR REMOVAL Place Emmitsburg, Md. Date Mar 25. 1937	Manner of Injury
19. UNDERTAKER A. Olfriam (Addrass) Emme Office Hide	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Mas 24, 1937 M. F. Souff	(Signad) Mr. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUNDAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WRITE

ż

V. S. No. 1

M)	item of infor-	should state	of OCCUPA-	
1	RECORD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	-WRITE PLANLY, WIT, UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
(1)	-WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 02925
1. PLACE OF DEATH	FF 12
County Frederick with the Delivery	Registration Dist. No.
Village or City Frederick	No. 110 dee of st. Ward
EV	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if ol loreign birth?yrsmosds.
2. FULL NAME Mrs. Jemima Coats	If U. S. Veteran, specify WAR NONE
(a) Residence: No. 110 Ice Street	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Pemale Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH Narch 30, 193.7 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Francis Coats	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) September 13, 185	1 1 200
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et
84 6 17 or hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. Domestic	Cardio tenal disease Juny
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	termeting su heart 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month end you have been been been been been been been be	failure and aropay
year) 4/35 occupation 1000000000000000000000000000000000000	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	artemscleros of len
# 13. NAME James Bowens	Jeans accument
14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation Date of Tall
La 15. MAIDEN NAME Mary Ann Countee	What tast confirmed diagnosis? Was there are autopsy? AUY_
16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country) Maryland 17. INFORMANT Mrs. Roy Bowie	Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) South Court St., Fred, Md.	
18. BURIAL, CREMATION, OR REMOVAL Place Fairview Cem. Date 4/2/57,19	Manner of Injury
19. UNDERTAKER M.R. Etchison & Son (Address) Frederick, Maryland	24. Was disease or Injury In any way releted to occupation of daceased?
(Address) Frederick, Maryland	If so, specify
20. FILED 1- March 9 D. Ora She wall	(Signed) Frederich Mel.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 130			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. MARGIN RESERVED FOR BINDING See instructions on hack of certificate. be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PL. V. S. No. 1

STAT	E OF	MAR	YLAND-	CERTIFICATE	OF DEAT	TH (12821
1. PLACE OF DEATH County Frederical	- 3	Distriction.	DOCSALINE NO	21000			131
					Registration Di		
Village or City Fred	erick		()(No. Frederick	City Dos	pita.st.,	Wa
Length of residence in city or tow	vn where deet	h occurred		1/ - 1 22 m			
2. FULL NAME TES.	Mary	Ellen	Culler	Of U.S. Veterar	n, specify WAR	None	
(a) Residence: No. R. 4.	,0,4	- Fre	Derich.	St., WWW Ward. Fe	agaville,	Md.	
PERSONAL AND ST	ATICTIC	(Usual place		y.	If nonresident giv	ve city or town an	id State
3. SEX 4. COLOR OR R			RIED, WIDOWED,	21. DATE OF DEATH		JF DEATH	
female white			(write the word)	LAI DALE OF DEATH	March 2	2,	193 7
Sa. If married, widowed, or divorced					(Month)	(Day)	(Year)
(or) WIFE of Kurtz E	. Cull	Ler		22. A HEREB	Y CERTIFY.	That I stiende	d Ceased I
	. Tan	1 70	1889	I last saw h er alive on	199-), to	MAT O	7 19.2
5. DATE OF BIRTH (month, day, and ye 7. AGE Years M	lonths	Ly 18,	If LESS than	to heve occurred on the date sta	ated shove at 6 . 20	A	; death is
. 0	8	4	1 day,hrs.	The PRINCIPAL CAUSE OF DE	ATH and related causes	of importance	
8. Trade, profession, or particular			ormin.	were a follows:	LANG	au,	Oate of on
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc	NER, H	ousewi:	fe	Dollar	11/8/1	al	- May
9 Industry or business In which work was done, as SILK MI	At 1	nome		1 Trace	1400	- //	100
SAW MILL, BANK, etc				Denny	1 \ will	muy	
- I com occupation (month and	/21/3'	spen	me (years) 8	SP. XI. A	- ours	suto 3	40.
year)		-	pation	Other Contributory Cases of Im	parance:		
12. BIKTHPLACE (City of town)	ryland	d		Groccing	Atol	24	
(State or country)	ouck			Mount was	www		
13, NAME Edward H	Maryla	nnd.		Toander	BUN	<u></u>	
13. NAME Edward H 14. BIRTHPLACE (city or town) (State or country)	mar, y L	SULLUL		Name of operation		Oate ol-	
	Creg	10		What test confirmed diagnosis?_			
	Marvla	and		23. If death was due to external o	auses (VIOLENCE), fill I	n also the Iollowi	ng:01
16. BIRTHPLACE (city or town) (Stete or country)	TOLL YEL	STIG		Accident, suicide, or homicide? Where did Injury occur?	40000	le injury to	92,19,
Mr. Kurt	z E.	Culler			(Specificity of to	wn, county and St	iate)
(Address) Frederi		d. R.	D.	Specify whether injury occurred	AT TA	E, or n PUBLIG P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	L Fr	ederic	k, Md.	Menner of Injury	ill In	and	mil
Place IIt. Olivet.	Cem	Date Marc	h 24 1937	- Nature of injury	wen to	W. Sand d.	Dear
19 UNDERTAKER M.R.Etc	higon	8. Son		24. Was disease or injury in any	way related to scupati	on ol deceased?	14)
19. UNDERTAKER H. H. H. H. H. G. C. (Address) Freder	B 45	7		II so, specify	1/1/	11 1	1
3. march 37	. 8 10	J. h.	- Can Dev	(Signed)	mh K	Kel	w
ZU, FILEDVILYV. IVVYYYYYN 9-2(7 N	Registrar.	(Andress)	rederie	Much	
	If more blan	are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore,	Requesting U. S. No. 1.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
.\	î		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02927
1. PLACE OF DEATH	(B)
County Frederick	Registration Dist. No. / 3 8
Village or City new Market Md.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Danies	
	d St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 10, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND-04 (or) WIFE of ally Danico	22. THEREBY CERTIFY, That I attended deceased from Teb. 4 1937 to Mar 10 1937
6. DATE OF BIRTH (month, day, and year) //-/3-/9-50	Hast saw her alive on March 10 , 1987; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
56 3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hovse wife SAWYER, BODKKEEPER, etc.	Chronic interestital nephritis 1936
kind of work done, as SPINNER, HOVSe wife SAWYER, BODKKEEPER, etc. HOVSe wife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. WILL, SAW MILL, BANK, etc.	1937
10. Date deceased last worked at this occupation (month and year) 14. Total time (years) spent in this occupation deceased last worked at the control of the	
12. BIRTHPLACE (city or town) Seesburg (State or country)	Dther Contributory Causes of importance:
1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. NAME Wichael Conglish 14. BIRTHPLACE (city or town) (State or country)	Name of operation. What test confirmed diagnosis? Blinical Was there an au'opsy? Mu
15. MAIDEN NAME Mary E. Newton	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Mary E. Newton 16. BIRTHPLACE (city or town). Jeasburg!	Accident, suicide, or homicide? Date of injury, 19
(State or country) Vargania	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. W. & Falchouer Sister (Address) nu maket nu	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 2 1937	Manner of injury
Place Date 3 193/	Nature of injury
19. UNDERTAKER Wiley Falconer, (Address) New Market,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar 13 137 Lucian K. Falconer	(Signed) Ernet F. Rapp M.D
Registrar,	(Address) New Market nid

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Stata or

(State or country

15. MAIDEN NAME

Piace....

OCCUPATION

MOTHER

TION is

S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 029	28
County Bredgick		Registration Dist. No. 141	
Village or City Octume Length of residence In city or town where dae		NoSt., f death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Zeva 2d	moning Deil	ick If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St, Ward. If nonresident give city or town and State	
PERCONAL AND CTATIOTIC			
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Emale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Musel 20, 193 (Your Month) (Dev) (You	7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Acrys	echicle	22. I HEREBY CERTIFY, That I attended decease 1935, to March 19, 19	d from
o. DATE Or BIRTH (Month, day, and year)	c6 1890	Mast saw h; death	is said
7. AGE Yaars Months 46	Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	inservife.	Corole al Non aulian mi	oi onset
			ن المحدد
SAW MILL, BANK, atc	11. Total time (yaars) spent in this occupation		/
12. BIRTHPLACE (city or town) (State or country)	u L	Other Contributory Causes of importance:	
13. NAME Frank Va	ite		
14. BIRTHPLACE (city or town)	M	Name of operation	

16. BIRTHPLACE (city or town).

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

What lest confirmed diagnosis?_____ Was Ihere an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? Where did injury occur?____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Neture of Injury related to occupation of decaased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

mch 23 193.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	*	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SUREAU V. 5.				
Other contributory causes of importance:	THE COLD	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

STATE OF MARYLAND	CERTIFICATE OF DEATH 0292
1. PLACE OF DEATH	97
County Frederick	Registration Dist. No.
Village or City Fiederick	No. 70 / No. 70 / St., Wa
Length of residence in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME alverda & Deville	U.S. Veteran specify WAR NO-
(a) Residence: No. 90/4 warket St	St Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale Wile S. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wo	
a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased fr
(or) WIFE of adam a Develoss	193) to march 22 193
DATE OF BIRTH (month, day, and year) And 2 /21846	last saw h alive on
AGE Years Months Days If LESS to	to have occurred on the date stated above, at
9/ / 27 1 dey,	were follows.
8 Trade profession or particular	Date of on
kind of work done, as SPINNER fousewiff	asterioselesoses buth
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
	,
this occupation (monthy and 5) spant in this year) occupation	<u></u>
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Peter Lugenbeel	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country) Mg	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louisa Maille	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Mus CE Steele 1. (Address) 901 M Warhold Frederic	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	3.7. Nature of injury
9. UNDERTAKER Pawell + albangh	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lebertytown / Md	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	4 11	The principal cause of death and related causes of importance were as follows:		
	2010	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURPAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 5.2 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? mos. 6 ds. How long in U. S. If of	8	5	STATE C	OF MARYLA	AND-C	ERTIFIC	CATE C	F DEA	TH ()2930
County Tillage or City Tillage	1. P	LACE OF DEA	ATH ,		when therefore a	THE RESERVED	82-0			121
Leagth of residence in city or town where death occurred 5.2 . Tr		County Fr	eden	Sh Within	THE CAT MAKE			Registration [Dist, No	2
Length of residence in city or town where death occurred. 3 2 - 17.			Fred	leviel	(If des		3. W.	V	ickst.	Ward
(a) Residence: No. 263 W. (Usus) place of shode? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DWORCED (write the word) OR DWORCED (write the word) Sa. If matried, widowed, or divorced (or) wife or word) Sa. If matried, widowed, or divorced (or) wife or word) Sa. OATE OF BIRTH (month, day, and year) Sa. OATE OF BIRTH (month, day, and year) Sa. Trade, profession, or particular personal personal personal profession, or particular personal person	1	Length of residence in	city or town where	death occurred 5-2-yrs						
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE OR DIVORCEO (write the word) OR DIVORCEO (write the word) ON DIVORCEO (write the word) S. If married, widowed, or divorced HUSBAND or divorced HUSBAND or DEATH HUSBAND T. AGE Years Nonth Days If LESS than Idsy	2. F	TULL NAME 2	Marga	ut El	ia a	Vevil	bisis			
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE OR DIVORCEO (curinc the word) OR DIVORCEO (curinc the word)			2/3	us Patr	tel	St M	Vard	9	cone	
3. SEX 4. COLOR OR RACE OR DIVORCEO (curing the word) 5a. If married, widowed, or divorced (cor) WIE of (cor		(a) nesidence. no.		(Usual place of abode	e) /		vara.	If nonresident s	ive city or town	and State
OR DIVORCEO (write the word) Name of operation. BIRTHPLACE (city or town). (State or country) BIRTHPLACE (city or town). (State or country) To MADEN NAME San Hartel All State or Country) To Man All State or Country or Country and State) To Man All State or Country or Country and State) To Man All State or Country or Country and State) To Man All State or Country or Country and State) To Man All State or Country or Countr		PERSONAL A	ND STATIST	TICAL PARTICULA	ARS	ME	DICAL CE	RTIFICATE	OF DEATH	1
22. I HEREBY CERTIFY. That I attended deceased for (or) Wife of (or) W	3. SEX	7 4. COL	OR OR RACE	5. SINGLE, MARRIED, V OR DIVORCEO (write	vidoweo. 2	1. DATE OF	MIN	in 14t		7
6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. If LESS than I day, hrs. If LESS than I day hrs. If LESS than I day hrs. If LESS than I day hrs. I hr	5a. If m	narried, widowed, or di	vorced	174000				(Month)	(Day)	(Yaar)
7. AGE Years Months Days If LESS than 1 day			· land	hallenil	his 2	2. / I H	EREBY	CERTIF	, That I attend	led deceased from
7. AGE Years Months Days If LESS than 1 day			0	2 4	881	hun		927, to///	14,141	, 19.5
1 day, hrs. or. min. 8. Trade, profession, or particular kind of work dome, as SPINNER. Journal Kind of work was done as SPINNER. Journal Kind of work dome, as SPINNER. Journal Kind of work down the work as the profession of light of the work down in this spin down the profession of light of the profession of light of the profe			1	me 7 1	+ 1		alive on	un .	3 A 193	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. SAWER, BOOKEEPER, etc. 10. Date of was done, as SSINNER. SAW MILL, BANK, etc. 10. Date of was done, as SSINNER. SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month and year) occupation (country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURNAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER Address 19. OR THE DISC. (Signed) 11. Total time (years) spent in this occupation 10. Date of importance: 10. Date of importance: 10. Date of spent in this occupation 11. Total time (years) spent in this occupation 12. Date of importance: 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 26. Date of injury 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURNAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER Address 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. (Signed) 10. State or country 10. State or country 11. State or country 11. State or country 11. Total time (years) spent in this occupation 12. Date of importance: 13. Name of operation 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, GREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. Where did injury occur? 19. Where did injury occur	7. AGE	Tears	Months						M.Im.	
Rind of work done, as SPINNER. SAWYER, BONKEPER, etc. 1. Joddistry or business in which work was done, as SPINNER. SAW MILL, BANK, etc. 10. Tale doceased last worked at this occupation (month and 97 spent in this occupation) (State or country) 11. Total lime (years) spent in this occupation (month and 97 spent in this occupation) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, GREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 11. Total lime (years) spent in this occupation occupation Othe LabthPlace Cuntee of important: What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 25. Hugath was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nat		93	7	J or	min.	were as follows:	ROSE OF DEATH	and related causa	of importance	Date of onset
10. Date deceased last worked at specific occupation (month and 9.76) 11. Data it me (years)	8.	SAWYER, BOOKK	EPER, etc.	House w	fe	AND	200	sele	who	1931
11. Total time (years) spent in this occupation (month and 936 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 6. Monthly 19. The state of importance: 11. Total time (years) spent in this occupation (State or country) 19. UNDERTAKER (Address) 20. FILED 6. Monthly 19. The state of importance: 10. Causes of importance: 11. Total time (years) spent in this occupation (Causes of importance: 12. BURIAL (City or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 25. Hrufath was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 26. Tueston 27. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or Injury In any way related to occupation of deceased? 24. Was disease or Injury In any way related to occupation of deceased? 24. Was disease or Injury In any way related to occupation of deceased? 26. FILED 6. Monthly 19. The state of injury in any way related to occupation of deceased? 27. FILED 6. Monthly 19. The state of injury in any way related to occupation of deceased? 28. Was disease or Injury In any way related to occupation of deceased? 29. FILED 6. Monthly 19. The state of injury in any way related to occupation of deceased? 29. FILED 6. Monthly 19. The state of injury in any way related to occupation of deceased? 29. FILED 6. Monthly 19. The state of injury in any way related to occupation of deceased? 29. FILED 6. Monthly 19. The state of injury in any way related to occupation of deceased? 29. FILED 6. Monthly 19. The state of injury in any way	9.	lodustry or business work was dona, as SAW MILL, BANK	in which SILK MILL, etc.	In for	ne !					
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Manner of injury Name of operation. Oth Catator Causes of Important: Name of operation. Nate of operation. Name of operation. Nate of operation. Nate of operation. Name of operation.		Date deceased last w this occupation (m	orked at	spent in thi	S					
(State or country) 13. NAME 14. BIRTHELACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 10. FILED 6 March 21 Accorded Name of operation Name of opera	12 DID		7	deriel	1	Other Canty Pate of	Causes of Importa	of: Bu	maye	130
Name of operation Data of What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 6 - Morch, 1937 20. FILED 6 - Morch, 1937 Name of operation What test confirmed diagnosis? Was there an autopsy? Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed)			1)	md.	-	Chr.	1000			1000
Name of operation Data of What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 6 - Morch, 1937 20. FILED 6 - Morch, 1937 Name of operation What test confirmed diagnosis? Was there an autopsy? Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed)	13.	NAME LOL	m 2	& abrec	ht "					1771
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Sand Elizable Quita 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Address) 2 3 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	14.	BIRTHELACE (city or	town)			Name of operation			Data of	f
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 16 Morcl 1937 Accident, suicide, or homicide? 19. Where did injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury 19. Where of injury 19. Where of injury 19. Where of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Specify city or town, county and State) 19. Where did injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 19. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed)	5			md.						
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) (A	15.	MAIDEN NAME	arak	Elizabeta	Lenny	3. H death was due	to external cause:	s (VIOL ENCE) fill	In also the follow	ving:
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 2 32 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	16.	BIRTHPLACE (city or	town)							
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 26321 Patrice August 1446 8. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Place Manner of injury Nature of injury 24. Was diseasa or Injury In any way related to occupation of deceased? (Address) 21001 Formula (Address) 21001 Formula (Signed) (Signed)	E .			md.		Where did injury or	ccur?			
18. BURIAL, CREMATION, OR REMOVAL Place M. Our Grant Grant Man, 6, 19 17 19. UNDERTAKER The letter of Man, 6, 19 17 (Address) 1000 1000 1000 1000 1000 1000 1000 1			wit	& Falleri	liss	Specify whether inj	ury occurred in I	(Specify city or t NDUSTRY, In HOI	own, county and S ME, or in PUBLIC	State) PLACE.
Place M. Our Grate Man. 6, 19 17 Nature of injury 19. UNDERTAKER Parell & Albright (Address) 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Signed)			REMOVAL	and, Jak	14 1400.	Manage of injury				
19. UNDERTAKER Paralle Slower 24. Was disease or Injury In any way related to occupation of deceased? (Address) 2/2001sboto, Myd., If so, specify (Signed) A Many Many Many Many Many Many Many Many		217 01	int 6,	monte Mar,	1 10 77					
(Address) 2/ools for, Myd, If so, specify 20. FILED 16 - March, 1937. Ono J. In E. Curly (Signed) House A - Helph.		Tryo	all.	all			niury in any way	related to soon	tion of deceased?	M
20. FILED 16 - Morch 1937. Ona J. n. E. Curly (Signed) And Hall			rods 1	12	7		mory in any way	Terated to occupa	don of deceased?	1
Registrar, (N (Address)		11 Om . 1	1937. 8	hag. In s	Curly	(Signed)	How	nh	- He	MM. O.
If more blanks are needed, address State Registrar, 2411 N. Charles Street. Baltimore, Requesting T. S. No. 7			If more	blanks of model add				gr c r	//Y	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

of OCCUPA-

1. PLACE O	10		MAR	ILAND	CERTIFICATE OF DEATH	JJJA
Description of the					Registration Dist. No. 139	
Village or	City	State Sa	natori	um, Md.	No. St., death occurred in a horpital or institution, give its NAME instead of street and number of the street and number	Wardumber)
					St., Ward. Baltimore, Marylan If nonresident give city or town and	
	to the same of				If nonresident give city or town and : MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX				RIED. WIDOWED, O (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193 7 (Year)
5a. If marriad, wido HUSBAND of (or) WIFE of	wed, or divorc		h A. D	oyle	22. 1 HEREBY CERTIFY. That I attended of Aug. 13	
6. DATE OF BIRTH 7. AGE Ye	(month, day,	and year) Months	May 2 Days 26	1897 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at 11.00P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is sah
9. Industry or work w. SAW MI	work dona, a R, BOOKKEEP business in as done, as SI LL, BANK, et sed last work	s SPINNER, ER, etc which LK MILL, ced at	Labore:	ime (yaars)	Pulmonary Tuberculosis	May
12. BIRTHPLACE (C) (Stata or con	city or town)	Bal	timore yland.	ntin this Yrs.	Other Contributory Causes of Importance:	
(State of	E (city or tow or country)	n)Mar	yland		Name of operationNonePos_Spu Parm	utopsy?N
15. MAIDEN N 16. BIRTHPLAC (State of 17. INFORMANT (Address) 18. BURIAL, CREMA	E (city or tow or country) Ja	Mar ames M.	yland. Doyle		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
Place	Balto.	Md. L.Creag	et M	nown,19	Nature of injury	no
(Address)	KB.	nurmont	W.		If so, specify of Signed) Stewart S. Shaffer	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) Male Dana lorinn

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 9	11		
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF M.	ARYLAND-	-CERTIFICAT	TE OF	DEATH
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RTIFICATE	OF DEATH	05335
23	Desiranation Dist. No.	3.70

1. PLACE OF DEA	IH			23		
County	Freder	ick,		Registration Dist. No	39	
Village or City	State	Sanator	ium, Md.	No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward	
Length of residence in c	ity or town where o	feath occurred	yrs. O mos	death occurred in a horpital or institution, give its NAME instead of street and 4 ds. How long in U.S. if of foreign birth?yrs,	l number) mosds	
2. FULL NAME	Dilli	e M Dr	vden			
(a) Residence: No.			•	St., Ward. Westminster, Maryl If nonresident give city or town an	and .	
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married			D (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193 7 (Year)	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence C. Dryden			. Dryden	22. 1 HEREBY CERTIFY, That I attended deceased from Feb. 9 ,1935, to Mar. 3 ,1937		
6. DATE OF BIRTH (month, de	v and vaar)	Jan. 22	1877	I last saw h. pp. alive on Mar. 3 ,19.3		
7. AGE Years	Months	Days	If LESS than I day,hrs.	to heve occurred on the date stated above, et 2.40 M. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	60 1 11 ormin.			were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			°e	Pulmonary Tuberculosis.	2000	
work was done, as SAW MILL, BANK,	SILK MILL.				1922	
10. Date deceased last wo this occupation (mo		11. Total t	ime (yeers)			
year)		OCC	ntin this 30Yrs	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)				Ottor Countries Cases of Importance.		
(State or country)		Varyland				
13. NAME	Thomas	W. Mari	ner			
Hariner 13. NAME Thomas W. Mariner 14. BIRTHPLACE (city or town) (State or country) Maryland.			1.	Name of operation none Pos Sput unite of What test confirmed diagnosis the St. X-Ray. Was there an	autopsy?.no	
I5. MAIDEN NAME	Laura	Pusey		23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PlaceMead Owbranch, Cem. Unknown9				Accident, suicide, or homicide?		
			1			
		.11		Neture of Injury		
19. UNDERTAKER (Address)	H. Banka Westmins	ard & S	ons,	24. Was disease or injury in any wey related to occupation of deceased?	no	
20. FILED	19		Registrar.	(Signed) Howard Maffle (Address) Late Sanatorium	n M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset	
Arteriosclerosis 1997	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APR	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago	
Box	255			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis APR 3 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage HEREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 02934
1. PLACE OF DEATH	15:01
County Inderich.	Registration Dist. No.
Village or City Frederick-City Hospi	tono Frederich St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where daeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME CA green Mrs Jeanne	- C. If U. S. Veteran, specify WAR Moule
(a) Residence No. (Usual place of abode to a fine	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
J OR DIVORCED (write the word)	11 larch 3 ,1937
5a. If married, widowed, or divorced HUSBAND of South	(Month) (Day) Yeer)
(or) WIFE of Aline Motiles	22. HEREBY CERTIFY. Thet lattanded deceased from
1 0 1000	March 5 19
6. DATE OF BIRTH (month, day, and yaer) 1. AGE Years Months Deys If LESS than	I last saw h elive on 1937; daath Is said
1/2 d l dayhrs.	to have occurred on the date stated above, at
8. Treda, profession, or perticular	ware es follows:
Kind of work done, as SPINNER, House wrfe	Stock come Posti came March
9 Industry or business in which	and the same of th
work was done, as SILK MILL, Our home	
tins occupation (month and	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Tielly (State or country)	N 7 1
	Ceplia ene mon
13. NAME 21 T. 20 Miles	
[14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
	What tast confirmed diagnosis? Was there en eutopsy? Was there en eutopsy?
H COOL	Accident, suicide, or homicide?
State or country)	Where did injury occur?
alvie m Etiler	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANY THE LEWISH MA	, , , , , , , , , , , , , , , , , , , ,
18, BURIAL, CREMATION OR REMOVAL	Mannar of Injury
Place Miles Courte Mars 1937	Neture of Injury
19. UNDERTAKER Powell rybungh	24. Was disease or injury in any way related to occupation of deceesed?
(Address) John ty low md.	If so, spacify
20. FILED 6-march 1937. The Answels-	(Signed) A. Muslin Clarke M. D.
Regisfur.	(Addrass) Trustener MA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 3 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And the Control of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

S. No

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

02937

1. PLACE OF DEATH	949
County Frederick within the borr	Registration Dist. No. /3/
Village Dr City The Leva's	K No Frederick City Dospital Ward
(1)	death occurred in a hospital or institution, give it NAME instead of street and number)
Length of rasidence in city or town where death occurred 254 yrs. To mos	ds. How long in U.S. if of foreign that h?
2. FULL NAME MAE Mae 6 Bylon	If U. S. Veteran, specify WAR NONE,
(a) Residence No.	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	March 15 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (Or) WIFE OF	22. I HEREBY CERTIFY, That I attended daceased from
Benjamen H Ellen	March 10, 1937, 10 March 15, 1927
6. DATE OF BIRTH (month, bay, and year) 8 1 1891	I last saw her alive on March 15 , 19.27; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
45 11 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wera as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this coverage for month and	Corney Verlinan March
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	15
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
	Typerturen
	Granpluma:
14. BIRTHPLACE (city or town)	Nama of operation Data of
	What tast confirmed diagnosis? Wes there an autopsy?
I 15. MAIDEN NAME Donde Brown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida?
(State of County)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Danganger It Eighter	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1 Thursmall 18. BURIAL, CREMATION, OR REMOVAL	
Place Blue Rad de Com Data Mach 18 1937	Manner of injury
10 Strommet	Nature of injury
19. UNDERTAKER William & Creeger (Address)	24. Was disease or injury in any way related to occupation of daceased?
12. m. 1 con a land	If so, specify
20. FILED 1 March 1057. One J. M. Curdis	(Signad)
Registrar.	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, State Negistrar,	441 11. Undited Street, Dailmore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
e 135, 13			7-11
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-AGE should be stated EXACTLY. PHYSICIANS MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. N. B.—WRITE PLA

V. S. No. 1

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 0293	39
1	. PLACE OF DEAT				99-0	
	County Frede			OCHIA IL PLAN	Registration Dist. No.	
	Village or City FT	ederick		-4-00-0-00-00-00-00-0	No. 2012 E. Third St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	Length of residence in cit	ty or town where	death annurred 3	5 ure mos	death occurred in a hospital or institution, give its NAME instead of street and number)	do
1	. FULL NAME				ds. How long in U.S. If of foreign birth?mos	05.
	(a) Residence: No.				If U. S. Veteran, specify WAR None	
	(a) Residence: No	AOTS III	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
Division in the last of the la	PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	
3.		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 12, 193 7 (Month) (Day) (Yes	,
5a.	If married, widowed, or divo					
	(or) WIFE of Hat	tie A.	Hanson		22. I HEREBY CERTIFY, Thet I attended deceased 3/(2/3 2, 19 37, to 3//2/ 19	from
6.	DATE OF BIRTH (month, day	, end yaar) Se	ptember	r15, 1880		
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9:40 P.m.	
	56	5	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	annet
NO	8 Trade, profession, or pe	as SPINNER.	Barber		actour selection my grandition	
ATIC	SAWYER, BOOKKEE	PER, etc			Requier to wrot facture of	5/27
UP/	Work was done, as S SAW MILL, BANK, a	ILK MILL, OW	m Shop		Pulmmany edlina	
OCCUPATION	10. Date deceased last wor this occupation (more year)	ked at	11. Total t	ima (yaars) nt in this 30	,	
12.	BIRTHPLACE (city or town). (Steta or country)	ifar	yland		Other Contributory Causes of importance:	7,
2	13. NAME John M	. Folan	d			
FATHER	14. BIRTHPLACE (city or to (State or country)		many		Nama of operation Data of	
2	15. MAIDEN NAMEANN			ne -	What test confirmed diagnosis? Was thara an autopsy?_	10.
MOTHER			Denin	ick	23. If death was due to external causes (VIOLENCE) fill In also the following:	
MO	16. BIRTHPLACE (city or to (Stato or country)	wn)Ger	many		Accident, suicide, or homicide?, 19. Where did injury occur?, 19.	
17.	INFORMANT Mrs. (Address) Frede	Frank C	. Lakel		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR R	EMOVAL Mt.	Olivet	Cemeters /15, 19 37	Manner of Injury	
					Nature of Injury	
19.	UNDERTAKER - H R R (Address)	Etchi erick,	son & S Marylan	on d	24. Wes disease or Injury In eny way releted to occupation of deceased? LV	
20.	FILED 15- Mord	937 Drs	- Jus	hiray	(Signed) Milloothan	_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BX	PHYSICIAN
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M	item of infor-	should state	of OCCUPA-	
OR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tificate.
MARGIN RESERVED FOR BINDING	TITH UNFADING INK-THIS IS	ully supplied. AGE should be sta	plain terms, so that it may be pro	TION is very important. See instructions on back of certificate.
3	-WRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH in	TION is very important

N. B.-WRITE

1. PL/	ACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH	2939
Cou	inty	Frede	erick,		Registration Dist. No.	139
Vill	age or City	State	Sanato	rium. Md	NoSt., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	gen or residence in c	ity of town whate o	addin occurred		and the state of t	
1	Residence: No.				r If U. S. Veteran, specify WAR. St., Ward. Baltimore, Maryla! If nonresident give city or town as	
PE	RSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SEX		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March (Month) (Day)	, 1937(Year)
HUSB	ed, widowed, or dive AND of VIFE of	orcad			22. I HEREBY CERTIFY, That I attende Feb. 22 ,1937, to Mar. 19	
6. DATE O	F BIRTH (month, da	y, and yeer)	Decembe	r 18 188	B I last sew h im alive on Mar. 18 ,193"	
7. AGE	Years 48	Months 3	Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 2.15.A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
OCCUPATION OF ONLY	ade, profassion, or p kind of work done. SAWYER, BOOKKE dustry or business I work was dona, as SAW MILL, BANK, te deceased last wo this occupation (m year)	n which SILK MILL, etc	37 11. Totel to spe occur	Dept. ima (years) nt in this 16 Yr	Scirrhus Carcinoma of Lung Brochogenic other Contributory Causes of importance:	Feb. 1936
1	ate or country)	John C.	Marylar Gardne		Metastasis in Kidneys	
ш,	RTHPLACE (city or t (State or country)				Name of operation None Date of Whet tast confirmed diagnosis? Was there a	
16. BI	AIDEN NAME RTHPLACE (city or t (State or country)	own)	Marylar	nd	23. If death was due to axternal couses (VIOLENCE) fill in also the follow Accidant, suicida, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	, 19
(Ad 18. BURIAI	idrass) L, CREMATION, OR	Baltimo	re, Md.		Manner of injury	
	TAKER didress)	M.L.Cre Thurmd	h Md.	Registrar.	24. Was disease or injury in any way related to occupation of decaased? If so, specify A Terrary S. Maffer (Signed) Alewart S. Maffer (Address) State A an a Tarriy	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		. / %	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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V. S. No. 1

of OCCUPA-

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Faldreck	Registration Dist. No. / 3 7
Village or City Comments Comments	ND. St., Ware f death occurred in a hospital or institution, give its NAME instead of street and number)
	s
2. FULL NAME Q Frankes Ce. Fillela	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 17 1937
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Larah Pfleffle	22. JI HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Way 12. 1867	I lest saw h size elive on May 17, 1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7m.
69 10 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or perticular	arteroasbrote cardio renal) Doto of one of
kind of work dona, as SPINNER, Carthactas	disease / Street
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassad last worked at this coveration (month and	Hyperleusion ago
10. Date decaasad last worked at this occupation (month and 953 11. Total time (years) spent in this year) 12. Total time (years) 12. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total	Cerebrathemarkage Than 12, 1937
12. BIRTHPLACE (city or town) - Les propositions of Man (State or country) & reduced from Ind.	Dthar Centributory Causes of Importance:
I 13. NAME Warid Gillelan	
14. BIRTHPLACE (city or town) Company Book Williams	Neme of operation Dete of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME VIAGINA F. Place	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT Chas. D. Gillelan. (Address) Simula Auga med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED Place Empulstrap Male Mar 20, 1937	Manner of injury
19. UNDERTAKER S. L. Cellision (Address)	24. Was diseasa or injury In eny way related to occupation of daceased? 110
20. FILED Mot 19, 1927 Melt. Shuff	(Signed) W.R. Codle M. I
Torce Q Regisfay	(Addrass) Lewellottey 8 Mg

11 12 12 12 14

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: IVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Cerebral hemorrhage APR 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 3	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

1. PLACE OF DEAT

5a. If married, widowed, or divorced HUSBANO of

6. DATE OF BIRTH (month, day, and year)

8. Trada, profession, or particular

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date daceased last worked at this occupation (month and

(State or country)

15. MAIOEN NAME

14. BIRTHPLACE (city or town).

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVA

(State or country)

I3, NAME

17. INFORMANT

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? _______yrs. _____mos._____ds_ U. S. Veteran, specify WAR__

1 day....hrs

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR

(Usual place of abode)

OR DIVORCED (write tha word)

occupation __.

If nonresident give city or town and State

21. DATE OF DEATH CERTIFY. That i attended deceased from

MEDICAL CERTIFICATE OF DEATH

to have occurred on the date stated above, at _____ __ m. The PRINCIPAL CAUSE OF DEATH and related causes of importance

previously (Octobor, 1936).

Other Contributory Causes of Importance:

Name of operation

23. If death was due to external causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_______ Date of injury________ 19

Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of Injury ...

24. Was disease or injury In any way related to occupation of deceased? 14.00

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

OF DEATH

CAUSE LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUDEAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	
- Canada Maria	Mug1,1920	Oustroener aus	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	46-R)
County Frederick	Registration Dist. No.
Village of City County Streetly town (If Length of residence in city or town where death occurred vis mos	No. St., Warden in a horpital or institution, give its NAME instead of street and number)
2. + 2000	ds. How tong in U.S. if of foreign birth?yrsmos
2. FULL NAME Martin Collswor	in Jams
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Month (Day) (Year) (Wonth) (Day) (Year)
HUSBAND of (a) WHE of Jaura Bell Maine	22. I HEREBY CERTIFY, That i attended deceased In Diskt. 26 ,1932, to Plant. 20 ,193
DATE OF BIRTH (month, day, and year) Sept. 4 1866 AGE Years Months Days If LESS than	I last saw h was alive on Man & De 19.37; death is s to have occurred on the data stated above, at 6:45 (2. m.
70 6 26 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ratatad causes of importanca were as follows:
8. Trade, profassion, or particular kind of work done, es SPINNER day Faborer SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc.	Caremonsa of stomaste 193
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased iest worked at this occupation (month end year) 11. Totat time (years) spent in this occupation;	
2. BIRTHPLACE (city or town) (State or country) The denich Exp. 2414.	Othar Cuntributory Causes of importance:
13. NAME Otho Harris 14. BIRTHPLACE (city or town) (State or country) 24.	Name ol operation
15. MAIDEN NAME Mary I Steeney	23. II death was due to externet causes (VIOL ENCE) fift in etso the lottowing:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country) Mol. INFORMANT Mars Martin & Harris	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION OR REMOVAL Place I have Coate Star. 1. 19 1	Menner of Injury
9. UNDERTAKER Powell albangh (Addrass)	Nature of Injury 24. Wes disaase or injury in eny wey related to occupation of dacaased?
0. FILED MAN 3/, 1937 MA Cerfuer Registrar.	(Signad) N

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WI. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02943
1. PLACE OF DEATH	940 /17
County MUNICIL!	Registration Dist. No.
Village or City I would	No. St., Ward
Length of residence In city or town where death occurred Aursmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. of foreign birth?
	De Hastanal
2. FULL NAME TO SUMME TO SUME TO SUME TO SUME TO SUMME TO	had a color
(a) Residence: No. Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLY, MARRIED, WIDOWED, OR DAYOR CRD (write the word)	21. DATE OF DEATH
male I wa Morrie	(Month) (Day) (Yeer)
5a. If merried, vidowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Thet I attended decessed from
(or WIFE bion of Usm Har with	mos / 1937 to Mar / 1937
6. DATE OF BIRTH (month, day, and was 15, 1864	I last saw h milive on May / , 13 7; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as STAINER SAWYER, BOOKKEEPER OF THE SAWY	Umma veforas
SAWYER, BOOKKEEPER ST.	
9. Industry or business in which work was done, as SILK (MIX.) SAW MILL, BANK, etc.	
U 10. Date deceased ast worked at _ 11. Totel time (years)	
this occupation countries occupation occupation	Oh - Card bar Card bar Card
12. BIRTHPLACE (city or fown)	Other Centributory Causes of Importance:
(State or country)	
13. NAME ON MITANZOCK	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Wes there en autopsy2
15. MAJOEN NAME Sympa Sympany	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALL STUMMENT (Address) Change Call Rh	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Mac Lobe Woodshoppate /Mar 31931	Nature of Injury
19. UNDERTAKER ALAS MANAGER TONG (Address)	24 Was disease or injury in eny way related to occupation of deceased?
20. FILED Mas 2, 19 27 The Culpul Registrar.	(Signed) (Address) M. D. (Address) M. D.
If more blanks are meeded address State Projection	N. Charles Served Politicare Proportion 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU V. S.	1.5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02944
1. PLACE OF DEATH	7/20
county Frederick	Registration Dist. No.
moutenit, 1 - 1. E	elmolly Haspital St. Ward
Village or City (State of City) (Smiles)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	How long in U/S. if of foreign birth?yrsmosds.
2. FULL NAME annie Hay	Willy S. Veteran, specify WAR. M. Dule
(a) Residence: No. Mt. Giry Route to	2 St. (Ward!) Woodville, This.
(Usual place of abode)	Eleville Co If nonresident give city or town, and State of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OF RACE Colored. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Yeer)
Se. If married, widowed, or divorced	
(or) WIFE of Ray Hay.	1 HEREBY CERTIFY, That I ettended deceased from
n H 1890	Hest saw head aliva on March 18, 1937; death is said
6. DATE OF BIRTH (month, day, and year) / 7. AGE Yeers Months Days If LESS than	to hevo occurred on the date stated ebova, et
4/ H 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
S Tudo profession or portionles	ware as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Por.
9. Industry or business in which	Maccous timernes 1936
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decessed last worked 17 this occupation (month and 01. 36 spent in this occupation 15	
yeer) / / occupation J	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Fredu resc Co	
(State or country) Md.	
13. NAME Osly Viney.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Essant)	What test confirmed diegnosis? Wes there en autopsy? !!-
15. MAIDEN NAME	23. If deeth was due to extarnel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT. E vangeline Aice - V. N. (Address) Energency Haspital	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cordville Censy Dato March 22, 1937	Neture of injury
19 UNDERTAKER . 6 M Hulto.	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Irm Deld md	If so, specify
m 545019 - march 1037. Dr. O. O. O. C. C. A.	(Signed)
20. FILED 1	(Address) Anderson Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT OCCI pluods Registration Dist. No Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth? statement PHYSICIAN If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIEN That attended deceased from (or) WIFE of [3 6. DATE OF BIRTH (month, day, and veer) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onget 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc..... may back 9. Industry or business in which pinous work was done, as SILK MILL SAW MILL, BANK, etc..... 11. Total time (years) 10. Date deceased lest worked at this occupation (month and spant in this that year) _____ occupation instructions 80 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation plain (State or country efully What test confirmed diagnosis? Was there an autopsy MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: in. importan 16. BIRTHPLACE (city or town) Accident, sulcide, or homicide?_____ Date of Injury______ 19_ DEATH (State or country Where dld injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE pluods 17. INFORMAN (Address) OF 18. BURIAL, CREMATION. Manner of Injury WRITE CAUSE mation LION Nature of Injury. 24. Was disease or Injury in 19. UNDERTAKE (Address) If so, specify (Signed) Registrat (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

BINDING

FOR

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- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Atlack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARTLAND CENTILICATE OF DEA	ERTIFICATE OF DEATH	AND-CERTIF	MARYL	OF	STATE
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1 DIACE	STATE	OF MAR	YLAND-	CERTIFICATE OF	DEAT	H	12946
		erick		(29)	egistration Dist	No. 139)
Village	or City State	a Sanator	ium, Nd.		rive its NAME inst	St.,	ward
2. FULL	NAME Bern	ard K. He	inicke	If U. S. Veteran, speci	ify WAR		
(a) Resi	dence: No. 1715	Braddish (Usual place	AVE of abode)	St., Ward. Bali	timore	Maryla	andd State
PERS	ONAL AND STAT	STICAL PART	ICULARS	MEDICAL CERT	IFICATE O	F DEATH	
Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Mar	ch onth)	18 (Dey)	, 193_7(Year)
5e. If married, w HUSBAND (or) WIFE	idowed, or divorced ot of			22. I HEREBY C July 13 19	3.6 to	Mar.	18, 19.37
6. DATE OF BIR	TH (month, day, and yeer)	April	17 1912	l lest saw h im aliva on M	ar. 18	3 , ₁₉ 3	7; death is said
7. AGE	Yeers Month		If LESS than	to have occurred on the date statad abo			
1	24 1	1 1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and were es follows:	d releted causes of	Importence	Date of onest
9. Industry worl SAW	rotession, or particular of work done, as SPINNER YER, BDOKKEEPER, etc or business in which c was done, as SILK MILL, MILL, MILL, BANK, etc caesed last worked et occupetion (month and	II. Total	hnician tima (years) ent in this upation 6Yrs	iF		.s	May. 1936
	E (city or town)	Baltimo Marylan		Other Contributory Causes of importance	e:		
13. NAME	Bernar	d Heinick					
14. BIRTHP	LACE (city or town) te or country)			Name of operation	PUS	Sputum 2- Was there ar	autopsy?_no
	LACE (city or town)te or country)	garet 0'K Maryla		23. If death was dua to external causas (Accident, suicide, or homicide? Where did injury occur?	VIOLENCE) fill in	also tha followl	ng: ,19
17. INFDRMANT (Addres	Bernar Baltim	d K. Hein	icke	Specity whether Injury occurred in IND	Specify city or tow DUSTRY, In HOME,	or in PUBLIC F	PLACE.
	mation, or removal Balto. Md.		known,19	Manner ot injury			
19. UNDERTAKE (Addres	R M. I. S) Thu	Creager	Registrar.	24. Was disease or injury In any wey re If so, specify (Signed) (Addrass) (Addrass)	S. M. Sana I	of deceased?	no M.I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		/8	

ADDITIONAL SPACE FOR FURTHER STATEMENT	S BY PHYSICIAN'
	1 = Set 1000
	The state of the s
	4

FOR BINDING

V. S. No. 1

2/4

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	947
1	. PLACE OF DEATH	(78)	
	County Frederick,	Registration Dist. No. 137	
	Village or City Mr. Burkitts ville, Md	Na	Ward
	(It	death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	
1.		Y Sow If U. S. Veteran, specify WAR	
	(a) Residence: No. Mr. Burkittsville, Ma	1	
200000	(Usual place of abode)	If nonresident give city or town and	State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Oav)	193 7
5a.	If married, widowed, or divorced HUSBANO of		(Tear)
	(or) WIFE of	22. HEREBY CERTIFY, That I ettended d	eceased from
	DATE OF BIRTH (month, day, and year) May 9, 1927	1 lest saw h 2 aliva on Man 2 1 1927	death is said
	AGE Yeers Months Odys If LESS than	to heve occurred on the date stated above, at	, death is said
	9 10 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware es follows:	
z	8. Trade, profession, or particular		Oate of onset
110	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mengales	-A
UPA	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	morrerep@Cocciss.	Now 7-
OCCUPATION	10. Date deceased last worked at this occupetion (month and year)		
7.0	BIRTHPLACE (city or town) Mr. Burkills ville	Other Contributory Causes of Importance:	2
12.	(State or country) Fred'K. Co. Md	10 canolo & Vacille III A A G.	<u></u>
ER	13. NAME Daniel Henderson	The state of the s	
FATHER	14. BIRTHPLACE (city or town) Frederick	Name of operation	A
-	(State or country) Md	What test confirmed diagnosis?	Nopsy? 90
MOTHER	15. MAIDEN NAME Mary Grams	23. If death wes due to externel causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or town) FYS DSY ISK (State or country)	Accident, suicide, or homicide? Dete of injury	, 19
	(State or country)	Where did injury occur?(Specify city or town, county and State)
17.	INFORMANT Mary of Henderson (Address) Plankitts ville, Mid	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Burt Harrite My bate 3/20/, 1937	Neture of injury	
19.	UNDERTAKER Gladhill Con	24. Was disease or injury in any way related to occupation of deceased?	
-	(Address) Middle town 11d	11/50, specify	,
20,	FILED / ST. 20, 1937 De Torayon Deselle	(Address)	MS M.O.
	If more blan are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	2	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	ATH 02948
Village or City Brusswick No.	n Dist. No. 1 4 / Ward
Langth of residence in city or town where death occurred 19 vrs mos. ds. How long in U.S. if of foreign birth?	
Langth of residence In city or town where death occurred 77 yrs. mos. ds. How long In U. S. if of foreign birth? 2. FULL NAME Geose 6. France (a) Residence: No. 572 W Port (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT	nt give city or town and State
(Ostal place of about)	
3. SEX 4. COLOR OR RACE OR DIVORCED (writether ford) Month (Month)	Z , 193 Z (Paar)
5a. If married, widowed, or divorced	Y. Thet Itanded deceased from
E DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than to have occurred on the date stated ebove, at R.	daath is said
7. AGE Yeers Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related cau were es follows:	Date of enset
Signature of the second of the	following a colf Carle
Other Contributory Causes of Importance:	d. Feloway Moth 1937.
Double of operation 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. BIRTHPLACE (city or town) 18. BIRTHPLACE (city or town) 19. BIRTHPLACE (city or town)	Quation, us- 3/16/3
Neme of operation. (State or country) What test confirmed diagnosis?	Data of
23. If death was due to external causes (VIOLENCE)	
Whate did injury occur? (Specify city of Specify whather injury occurred in Molectory in	or town, county and State) HOME, or in PUBLIC PLACE.
Dim March 6 1087 menter of march 5 1087	
Placa Moravelle Wash Date March 5, 1937 Natura of injury 19. UNDERTAKER (Address) Britishark 19. UNDERTAKER	upetion of dacaased?
20. FILED Mar 8 , 19 8 J Class of S. Archo co (Signad) Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

ż

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	2943
TL 1		F7-0	14
County Themues		Registration Dist. No.	
Village or City 1.2.	- //	No. St., death occurred in a hospital or institution, give its NAME instead of street and	
Langth of rasidence in city or town when	e death occurred	ds. How long in U.S. if of foralgn birth?yrsn	nosds.
2. FULL NAME Quelyn	T. Kines		
(a) Residence: No.	rospect Md. (Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
anale 4. color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH Much 23,	, 193 (Yaar)
5a. If marriad, widowad, or divorced HUSBANO of		22. I HEREBY CERTIFY, That I attended	daceased from
(or) WIFE of		nor 20 1937 to Nich 23	3 ₁₉ ≥7
6. DATE OF BIRTH (month, day, and year)	March, 201939	I last saw h LAS aliva on May 23 193/	daath is sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at LiZOLem.	
	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Broncho Premionia	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data daceasad last worked at this occupation (month and			
10. Data daceasad last worked at this occupation (month and yaar)	11. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) ————————————————————————————————————	duck Co	Other Contributory Causes of importance:	
1 01	76.		
~	reduct: Co.	Nome of assertion Money	
(State of Country)	reducet To.	What tast confirmed diagnosist ye furding was thar an	autopsy? >
15. MAIDEN NAME And Sur 16. BIRTHPLACE (city or town)	Beall.	23. If death was due to external causes (VIOL ENCE) fill invalso the following	ig:
16. BIRTHPLACE (city or town)	redenct. Co.	Accidant, suicide, or homicida? Oata of injury	, 19
(Stata or country)	md	Whara did injury occur?	
17. INFORMANT M. Vermon (Address) MX	any mes	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Respect Emby	Date March 24, 1931	Manner of injury	
19. UNOERTAKER (Addrass)	o.M. Halts	24. Was disease or injury in any way ralated to occupation of dacaased?	no
20. FILED March 23, 1937 as	eliler Molecura	(Signad) M. Vace Fool	M. C
	Registrar.	(Addrass) Pet airy 2	ind

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
4 5 5 1931	1 20		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURPAU V S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLANLY, W.

MARGIN RESERVED FOR BINDING

V. S. No. 1

The state of the s	CERTIFICATE OF DEATH 02951
1. PLACE OF DEATH County Frederick	958) Registration Dist. No. /B2-
Village or City Broad Broad	No.
vinage of onlyBroso Run (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME George C. House	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) White Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie May House	22. JUEREBY CERTIFY That I attended eceased from 1936, to March 5, 1937
6. DATE OF BIRTH (month, day, and year) Peb 17.1863	I last saw h fige alive on Mach 5, 19.37; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	the have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9 Industry or husiness in which	()
work was done, as SILK MILL, SAW MILL, BANK, etc	Jufflely on the 3
10. Date deceased last worked at this occupation (month and year) 7-036	
12. BIRTHPLACE (city or town) Burkittsville, Md/ (State or country)	Other Contributory Causes of Importance:
13. NAME Greenbury J. R. House	Million Real
13. NAME Greenbury J. R. House 14. BIRTHPLACE (city or town) Burkittsville, Md. (State or country)	Name of operation Date of
监 15. MAIDEN NAME Mary Grove	What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Grove 16. BIRTHPLACE (city or town) Burkittsville, Md. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Russel House (Address) Middl3town, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALLE COWN	Manner of Injury
PIResform Cem. Date 3/7 ,1937	Nature of Injury
19. UNDERTAKER Gladhill Company (Address) Middle to va Add.	24. Was disease or injury In any way related to occupation of eccased? If so, specify
20. FILED 1987 , 1987 , 1987 Registrar. If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1991	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING certificate. TION is very important. See instructions on back of mation should be carefully supplied. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02952
1. PLACE OF DEATH	920 127
county tiederch	Registration Dist. No.
Village or City (Lew Liberty town	No. St., Ward
Length of residence in city or lown where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tlonence 6 yohuso	
(a) Residence: No. Oreagers town	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BIYOR CEDY (write the word)	21. DATE OF DEATH March (9- 1937 Year)
5a. If married, widowed, or divorced HUSBANO of Gor) WIFE of Frank Johnson	22. A HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lau3/ 1857	liast saw her alive on malely 19 1937; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.20 Pm.
81 / 19 lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER for security SAWYER, BOOKKEEPER, etc.	Cerebras Hemorrhous Mich, 17
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total time (years)	1
10. Oate deceased last worked at this occupation (month end year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	61 (0)
	Chranic Valvular Front trouble 1933
14. BIRTHPLACE (city or town)	Name of a subline
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
I 15. MAIDEN NAME Alley Asamy	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Abel Assistance (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country) William Bridge	Where did injury occur?
17. INFORMANT Mus Charles Fogle.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Fred COL	Manner of Injury
Place Tought Drone Oate Mar 22, 198.7	Nature of Injury
19. UNDERTAKER JOSEPH Yalfaugh (Address) Le houle four mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO MER 22, 1937 MAR Curfusa. Registrar.	(Signed) Co. O. Stulls M. D. (Address) Woodsbass Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU V. S.	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAstated EXACTLY. PHYSICIANS AARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02953
1. PLACE OF DEATH	920)
County Frederick	Registration Dist. No.
Village or City for expendence	No. Emergency Hospistal Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
411.00.	No.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(a) Residence: No. follows (Usual place of abode)	St., Ward. I grid Co. The If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Col. Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Elizabeth Jones	Freb. 23 ,1937, 10 March 6, 1937
6. DATE OF BIRTH (month, day, and year) May 28 1854	I last saw h_walive on_March 5 , 1937; death is said
7. AGE Years Months days If LESS than 1 day, hrs.	to have occurred on the date steted above, et9am.
8 ds ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
R Trede, profession, or particular kind of work done, as SPINNER,	Description Harman St.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Solution of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this corruption (month and	Cowner Morele
work was done, as SILK MILL, SAW MILL, BANK, etc	4
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
(Stete or country)	9n + 1 710 M21
	Maria algung 181
13. NAME Jewis Junes 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country) and	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mandie Libba	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Maudie Libbal 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT This Gelelo Gerger merquey	Spenty whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Tredesack Maryland	Manner of Injury
Place Haplefill Com Date March 7, 19037	Neture of Injury
19. UNDERTAKER M. R. Clahison exfort	24. Was disease or injury In any way related to occupation of deceased?
(Address) frederices, Mid	If so, specify
20. FILEDS - Crards 1937. Oxo Inc Curay	(Signed) / O La
Registrar.	(Address) For densely had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:				1	Example II	
				The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	100 5	1007	19	15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AFR J	1336	1.92	21	Run over by street car	1 week ago
Cerebral hemorrhage	SUPEAU	V. 5	July 5	,1927	Peritonitis	3 days ago
	property and the second of the second of	2 m - At - 17				
Other contributory causes	of importance:				Other contributory causes of importance:	
Gallstones		May 1	,1923	Gastroenteritis	1 year	

		ST	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 0295	4
1	L PLACE OF			within the	LANGE SECTION SE	108	
	County	Frec	lerick	00 (02222		Registration Dist. No.	
	Village or City	yE	rederi	ck	(10	No. 212	Vard
	Langth of resida	nce In city	or town whara o	daath occurrad 2	5 vrs Imas	ds. How long in U.S. if of foreign hirth? yes mos	ds.
2	. FULL NAM	E	Irs. Ca	therine	Jordan	Joseph J. S. Veleran, specify WAR NONE	
\	(a) Residence	: No 3	313 Eas	t Churc		A Swan A Wally Class	
+	PERSONA	I AND	CTATICT	(Usual place		MEDICAL CERTIFICATE OF DEATH	
3.			OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	Female	~	olored		D (write the word)	Nanch 9, 193	7
5a.	If married, widowed			17 14 (1	OW		
	(or) WIFE of	Joh	n Wesl	ev Jord	an	1 HEREBY CERTIFY, That I attended deceased	-
	DATE OF BIRTH (m	onth day	and year)	?		I last saw he P alive on Synanth 4 1931; deeth is	
	AGE Years	-	Months	Days	If LESS than	to have occurred on the date stated above, at 4:35 mP . Mp .	
	67?		?	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
z	8. Trade, professi	ion, or par	ticular s SPINNER,	TT 0 0	-:-	P	
OCCUPATION	SAWYER, BOOKKEEPER, etc. HOusewife					hopa 1 Munoma	
:UP	9. Industry or bu work was d SAW MILL,	ione, as SI BANK, et	LK MILL,	t Home		-3/	7-
00	10. Date decaased this occupa	tion (mont	th and	o spe	ima (years) nt in this		3-
	yaar)		2/3	(C. occ	upation4U	Other Coatributory Cases of Importance:	
12.	BIRTHPLACE (city of State or country)		Maryl	and		10. L.) +	
2	1	rmei		ndeton		Tuffmu.	
FATHER	14. BIRTHPLACE (1100 0 021		Nama of operation Date of Date	
H	(State or co			yland		Whet test confirmed diagnosis? Was there an eutopsy?	40
HER	15. MAIDEN NAME	E	Unknow	m		23. If death wes due to axternal causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (n) un	ennun		Accident, sulcide, or homicide?	
2	(Stete or c		2002			Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT		*	e Ormes urch St		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATIC	ON, OR RE	MOVAL Fre	derick.	Md.	Mannar of Injury	
	Plece Fair	cvier	wbCem.	Data3/	12/37,19	Neture of Injury	
19	UNDERTAKER			son & S		24. Was diseasa or injury in any way related to occupation of deceased? No.	
_	(Address)	Fre	ederick	Maryla	nd	If so, specify	
20	FILED OF THE	nels, 1	37. dre	J. M.	Registrar.	(Signed) (Address)	.M. D.
-			If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis = V E D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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	F MARYLAND—	CERTIFICATE OF DEATH 029	55
1. PLACE OF DEATH		930	
County Frederick		Registration Dist. No.	
Village or City Emmitsbur		No. St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where	death occurredyrs,2_mos	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Sarah El	izabeth Kilmer	If U. S. Veteran, specify WAR	
(a) Residence: No. Frien	dship (Usual place of abode)	St., Me · Ward. Friendship, Me · If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. color or RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month 27 193	3/Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, Thet attended dece	ased from
6. DATE OF BIRTH (month, day, and yeer)	26-1360	Hest sew has elive on Mar 27 1937; de	ath is said
7. AGE Years Months	Deys If LESS then	to heve occurred on the date steted above, et	210 13 3010
77 2	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	te of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) 7 spent in this 37	Chronic Meyo eardely 270 Coronary o calusion - Mar - 27 Other Contributory Causes of importance:	7, 1937
12. BIRTHPLACE (city or town) Niaga: (State or country)	ra Falls, N. Y.		
# 13. NAME Abraham Kili			
13. NAME Abraham Kili 14. BIRTHPLACE (city or town) Clavar (State or country) Columb	ra county, No 1.	Neme of operation Date of Date of What test confirmed diegnosis? Lincal example. Was there an autop	sy? >0
15. MAIOEN NAME Caroline	Mills	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIOEN NAME Caroline 16. BIRTHPLACE (city or town) Need (State or country)	Massachusetts	Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	, 19
17. INFORMANT Saram July (Address) Friendshih	mer Hameson	opening method in the control in the	
18. BURIAL, CREMATION, OR REMOVAL Place No. 4 hages Was	Spate Mas 3/1937	Manner of injury	
19. UNDERTAKER S. J. A. (Addiess) Exercises	lisan md	24. Was disease or injury in any way related to occupation of deceesed? NO	
20. FILEO Mor 29.19.37 M	To Shreffe gistrar.	(Signed) UTC ladle (Address) Emeration Med	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	ample I	F3 1	Example II	
The principal cause of deat of importance were as follow	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	APR 3 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU T.	July 5,1927	Peritonitis	3 days ago
Total Control of the	garding-en-valued to the property was the contract			
Other contributory causes of	of importance:	100000	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02956
1. PLACE OF DEATH	(74) (P)
County Frederick	Registration Dist. No. 138
Village or City na New Market	ND. St. Ward
(if	death occurred in a hospital or institution, give its NAME instead of street and number)
1117 - 177 77 1 - 71	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 197107116 19 1911.	01 - 0 1
(a) Residence: No. 1609 What sheet of shoots	St., 9 Ward. Chester Pa V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	March 28 1937
5a. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of Manie Grand	22. I HEREBY CERTIFY, That I attended deceased from
21:15 1811	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS then	I lest sew h elive on , 19 ; death is seld to have occurred on the date stated above, et F m,
2 2 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8 Trade profession or particular	were as follows: Stabed in heart and Date of onset
kind of work done, es SPINNER, Merchant	Fractured SKUT.
9 Industry or business in which	1. L. C. L. Co. C. L. Cr. J. L.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	
10. Date decessed last worked at this occupetion (month and) 11. Total time (yeers) spent in this yeer) yeer)	
year) Occupendi President	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Seongia	
E CONTRACTOR	
14. BIRTHPLACE (city or town) (State or country) Leave and the state of the state	Name of operation Dete of Was there an aulopsy?
15. MAIDEN NAME Edna Les Wood	23. If death wes due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Edna Lee Wood 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? [MATELETE GDate of Injury M27-28, 19.3.7.
E (State or country) Skorgia	Where did injury occur? NEAR NEW MARKEL Fred KCO MC.
17. INFORMANT James Knight	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) thuter Pa	edge of County road.
18. BURIAL, CREMATION, OR REMOVAL Chester Pa	Manner of injury Stabed in heartand fracturec
Place Met dauga Dete Mar 31, 1937	Neture of injurySRUM:
19. UNDERTAKER W. E. Folcomer	24. Wes diseese or injury in any wey releted to occupation of deceased?
(Address) New Machet mg	If so, specify
20. FILED Man 28 1937 Lucian K. Falconer	(Signed) (Vale follows en

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02937
1. PLACE OF DEATH County Studings	(3)
	Registration Dist. No.
Village or City Macherandle	No. St., War f deeth occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How tong in U.S. if of foreign birth?yrsmosd
2. FULL NAME Theresia M. Va	ed and
(a) Residence: No. Of altred are	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
unale White Widowed	(Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of transland Co. Kases	22. I HEREBY CERTIFY. That I attended deceased from
2.1-2 1877	I last sew h Lev alive on Than 21 , 1937; death is sa
DATE OF BIRTH (month, day, and yeer). AGE Yeers Months Oeys If LESS then	to have occurred on the dete stated ebove, et
6.3 / 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc	Vinterso-selesones 193.
9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupetion occupetion	Other Contributory Causes of importance:
(State or country)	
1 - 1/2	Olivania guteratitial
13. NAME Proposition	mephantis 1931
13. NAME (State or town) Law January	Name of oporation Oate of
	What test confirmed diagnosis? Wes there an eulopsy?
15. MAIOEN NAME augustia Monsleine 16. BIRTHPLACE (cily getown) Junuary	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (cily getown) / Williams (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT LES. Milano C. Gravel (Address) Phalmerville Mal.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plate McLuya Cemelagie Cipe. 2., 19 8,	Nature of injury
9. UNDERTAKER Carl H. Shaffer. (Address) Saring Sant Pa.	24. Was disease or injury in eny way releted to occupation of deceased? 20
Many 31.37 R Ward Stand	(Signed) PTABLE M.
Acgusta.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
F. E 0 1931 5.			
Other contributory causes of importance		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 029	158
1. PLACE OF DEATH	16.0	,
County Frederick	Registration Dist. No. 14	4
Village or City Plan Coreagerslow	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurredyrs		mber) ds.
2. FULL NAME Infant Tays (a) Residence: No. Engagustan Ou (Usual place of abode)	St. Ward. If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 9	19337
5a. If married, widowed, or divorced HUSBAND of	(Month) (Daý)	(Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended de	
m. 1 5/1030	march 5 ,1937, to March 9	
6. DATE OF BIRTH (month, day, and year) Warch 5/937 7. AGE Years Months Days 11 LESS than	I last saw have alive on 2 and 9, 19 37; to have occurred on the date stated above, at 10 cm, m.	death is said
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were se followe:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10Date deceased last worked at this coveration (must had been seen to be supported by the secretary of the secretary	10- + 1 h	, ,
9. Industry or business in which	The salacing	5.37
work was done, as SILK MILL, SAW MILL, BANK, etc		
this occupation (month and Spent in this		
year) occupation	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) Cuty Color (Stete or country)		
E 13. NAME hanvelle M. Layman	Werles Explisación	March
H 13. MAINE CUNTY CAYMAN	ma ulcro	
14. BIRTHPLACE (city or town) Levislor (State or country)	Name of operation Date of	7.
	What test confirmed diagnosis? Was there an au	opsy
16. BIRTHPLACE (city or town) Frederick	23. If death was due to external causes (VIOLENCE) fill in also the following:	
State or country)	Accident, suicide, or homicide? Date of Injury	, 19
- (State of County)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Approvide M. Lagrage (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Pristour Date Mch. 191937	Neture of Injury	
19. UNDERTAKER ACTION COMPANY HOME	24. Was disease or injury in any way related to occupation of deceased?	40
20. FILED Mar. 10, 1937 Anna M. Jones Registrer.	(Signed) BO Manager 2	M. D
If more blanks are needed address State Peristres	N Charles Sand Belliam Barrer W. S. M.	

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance.		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 3 1801	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			45

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEATH
SIAIL		IATULI I	בוח.	CLIVIII			DEALL

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	16	11	()	()
	-	W		

1. PLAC	E OF DEA	TH		- ougue	23	
County	F	rederic	k,		Registration Dist. No. 139	
		itate Sa	natorium	(If	No. St., f death occurred in a hospital or institution, give its NAME instead of street and Section 22ds. How long in U.S. If of foreign birth?	
2 5111 1	NAME	٨٦	ma LeMa:	ire		
	esidence: No				t. St., Ward. Baltimore, Marylan If nonresident give city or town ar	d •
PER	SONAL AN	D STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
s. sex		or or race	5. SINGLE, MARI OR DIVORCED Marri	RIED, WIDOWED, (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193 7 (Year)
5a. If married, HUSBANI (or) WIFI			briel L	eMaire	22. I HEREBY CERTIFY, That I attenda Dec. 10, 19 36, to Mar.	
6. DATE OF B	IRTH (month, da	y, and year) Months	Nov. 29	1905	I last saw h. er. alive on Mar. 1	7; death is sai
l O Trada	31 profession, or p	3	3	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onsa
10. Date thingy	ry or business in the was dona, as the was dona, as the work of the was done and the was done are the was done as done as done are the was done as done a	silk Mill, etcrked at onth and		me (yaars) ht in thillyrs	Pulmonary Tuberculosis Other Contributory Causes of importance:	1935
1	or country)	Charle	Marylanes W. Ca.			
L (S	PLACE (city or to tata or country)				Name of operation None Pos Sputus of What test confirmed diegnosis? Chest X-Ray was there are	autopsy? n
15. MAIDEN NAME Sadie Rodgers 16. BIRTHPLACE (city or town) (State or country) New York					23. If deeth was due to external causes (VIOLENCE) fill in also the followi Accident, suicide, or homicide? Date of injury Where did injury occur?	ng:
17. INFORMANT Alma LeMaire (Address) Baltimore, Md. 18. BURIAL, CREMATION, OR REMOVAL Placa Balto, Md. Date Unknown;					(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F	PLACE.
19. UNDERTAI (Addre	(ER	M.L.Grs Thurmor	ager	Registrar.	Natura of Injury 24. Was disease or injury In any way related to occupation of daceased? If so, specify (Signed) State Sanatorus (Address) State Sanatorus	no er m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02961
1. PLACE OF DEATH	Secretar Hanne (3)
County Irederick	Registration Dist. No. 3
Village or City Frederick . City of	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
2. FULL NAME Baby Sirl Lewis	If U. S. Veteran, specify WAR Turn
(a) Residence: No. Q. F. D. I. Smithst	VSLG Ward.
Told (Gapal place of abode) Wil	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	U MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH March 26 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
3 1	march 26, 1931, 10 march 26, 19 5 7
6. DATE OF BIRTH (month, day, and year) March 26, 1937	I last saw hely alive on the maid 26, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2:45 Am.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	DATE OF OTHER
SAWYER, BOOKKEEPER, etc.	Still Born 265
9. Industry or business In which work was done, as SILK MILL,	your osom ha
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
- A	
13. NAME Clorence woodran Levis	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME dreve adelaide Suith	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) mylasily	Accident, suicide, or homicide? Date of injury19
(State or country) and	Where did injury occur?
17. INFORMANT Clorence woodow Lemo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to offerelle Cem. Dated 7 - marches 37	Nature of injury
19. UNDERTAKER Gusy Frys	24. Was disease or injury in any way related to occupation of deceased?
(Address) Suithbury, Jud	If so, specify
20. FILETO March, 1937. Vill 4 The Curly Registrar.	(Signed) Meddleten M.D. (Address) Meddleten M.D.
If more blanks are needed, address State Registrary	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstities nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 5 1937	July 5, 1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 02962
County	Registration Dist. No.
	NoSt.,Ward
Length of rasidenca in city or town whera daath occurredyrsm	osds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Joseph B. L'Heureux	If U. S. Veteran, specify WAR
(a) Residence: No. Thurmont (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Widowed, or divorced	21. DATE OF DEATH Mch. (Name of the control of the
(or) WIFE of Selena M. Young	22. I HEREBY CERTLEY, That I attended deceased from 22. 7 193 6, to man 14 1937
6. DATE OF BIRTH (month, day, and year) Dec. 2nd 1862	i last saw h aliva on Mar. 14 ,1987; death is said
7. AGE Years Months Days if LESS than	10 have occurred on the date stated above, at 6; 40 - B; M
74 3 I2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
S. Trade, profassion, or particular kind of work dona, as SPINNER, Retired SAWYER, BOOKKEEPER, etc	Chronic myocardites &c.7-
kind of work dona, as SPINNER, Retired SAWYER, BOOKKEEPER, etc. 9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacassad last worked at this prographing (month and	
10. Data dacaasad last worked at this occupation (month and I 917 ? 11. Total tima (years) NO to spant in this occupation known	wn
12. BIRTHPLACE (city or town) Burlington Vt	Other Contributory Causes of importance:
(State or country)	Thone.
13. NAME JOSEPH, B. L. Heureux	
13. NAME 308 eph B. L. Hetreux 14. BIRTHPLACE (city or town) Brandon Vt	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Demaris C. Scofield	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Demaris C. Scofield 16. BIRTHPLACE (city or town) Darlington Wis. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Mary. Ford. (Address) Thurmont MD	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Mch. 17th.	7 Manner of Injury
19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont. MD	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

N. B.—WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 02963
1. PLACE OF DEATH	(210 000)
County Frederick Within the Corporate	Registration Dist. No.
Village or City Frederick	No. Frederick Cel- Hookt St. Ward
	(II death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foralgn birth?
C. // (/- / V	X/_
2. FULL NAME ULLU JOHN	If U. S. Veteran, specify WAR
(a) Residence: No. Manne and K. T. J. (Usual place of abode)	A coach W. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (write the word) Andian	21. DATE OF DEATH 6 193 7 (Year)
5a. If married, widowad, or diseased HUSBAND of (on) MASS of (A)	(Month) (Day) (Year) 22. 1 HEREBY CERTIFY, That I attended decased from
The same of the sa	March 6, 1937
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	l lest saw h aliva on
7. AGE Years Months Days If LESS than 1 dey,hr orhr orhr.	to have occurred on the date stated above, et_/_t_2U_fii, The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade profession or particular	wara as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Labrer, SAWYER, BODKKEPER, etc.	Tracker Stull. 20
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this recupation (month and the same tip this same tip t	1 - Mac
work was done, as SILK MILL, SAW MILL, BANK, etc	long palling phia 6
Sport in this, a	& Thereda W.
12. BIRTHPLACE (city or town) Jaklohoma:	Other Contributory Causes of importanca:
(State or country) Cherokee Reservation	
	7000
14. BIRTHPLACE (city or town)	Neme of operation. Dete of
15. MAIDEN NAME don't Know.	What test confirmed diagnosis? Was there an autopsy? YTO 23. If deeth was due to externel causes (VIQLENCE) fill in elso the following:
15. MAIDEN NAME COULT RUSON 16. BIRTHPLACE (city or town)	Accidant, spiciolo, or homicido. AC Calcut Date of Injury May 6 19 3
(State or country)	Where did Injury occur? State (Ledier of Parison
15. MAIDEN NAME COULT Know 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Robert Love. Stefe. Sone (Address) Marrowing Md.	(Specify city or town, county and State) Road. Spacify whether Injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Address) Mauracia Md.	- Short he
Place Pleasent Hill not Mich get 102)	Menner of Injury
11-8-1	Nature of injury pallers started. Palle
19. UNDERTAKER OF CONTACTORY (Address) New Masket and	24. Was disease or injury In any way related to occupation of decaasad?
8-Made 2- 0 . 04. CO . 2 .	(Signad) Al olurias M.D.
20. FILED D. 190 (Sha) M. Willy Hegistrar.	(Address) A CENO SINT AL II
If more clanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02964
1. PLACE OF DEATH	108
county Trederick	Registration Dist, No.
Village or City Frederick Montevi	I No mergency trasportal Ward
(If Langth of residence in city or town where death occurred 16yrsmos.	death occurred in a hospital optinitiation, give in NAME instead of street and number) ds. How long in U.S. if of foreign birth?
DA Samp	11 U.S. Veteran, specify WAR LLOUE
2. FULL NAME CASULTY Super	of the hard Ward
(a) Residence: No. A Mul harly Colley, The (Usual place of abode)	Mil Af nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH March 6 , 193 ? (Month) (Day) (Year)
5e. If merriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	would 1 1937 to march L 19 & 7
6. DATE OF BIRTH (month, day, and year) Zunkuswie ?	I last saw h. saw. elive on . May Jr. 5, 193.7; deeth is said
7. AGE Years Months Days If LESS than	to have occurrad on the date statad abova, at
? 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and raiatad causes of importance wera as follows:
Trede, profession, or particular kind of work done, es SPINNER,	
Rind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month end of the spent in this occupation).	1 strong of marinound
work was done, as SILK MILL, SAW MILL, BANK, etc.	3/1/
10. Date decesed last worked at this occupation (month end to the spent in this	1/37
year) occupation 20	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	/ / / / / / / / / / / / / / / / / / /
13. NAME Homas Tyles 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Date of Whet test confirmed diagnosis? Was there an eutopsy? Mu
15. MAIDEN NAME Felorence Hall	23, If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Mukuom.	Where did injury occur?
17. INFORMANT Miss adolphinger Emergency Hos	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Sireile Wid.	Manner of injury
Place tarvier en Data 7 - March, 190/	Neture of injury
19. UNDERTAKER M. K. Chehisan & dan (Address) Frederich und.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED &- March, 19.37. Dra J. In Carry Registrary	(Signed) A M. D. (Address) A Weller M. D.
If more blanks fre needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1937	1		
Other contributory causes of importance: 5		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state I UNFADING INK-THIS IS A PERMANENT RECURD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.-WRITE-PLANLY, z

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	Si	IATEO	F MARY	LAND-	CERTIFICATE O	F DEATH	1
1.	PLACE OF DEAT	Ή .	o watthin	the Col Build	1011tm (820)		12/
-7.	County Treo	lench	Ailtin	9114 m		Registration Dist. No	W/
X	Village or City	rederie	k	(If	No.302 Roclamel death accurred in a hospital or institution	I Lenace	St., Ward
	Length of residence in city	y or town where de	ath occurred		. 3 ds. How long in U.S. if of fo		
2.	FULL NAME	Bertha	I m	arkey	If U. S. Veteran, spe	ecify WAR not	a nelesan
	(a) Residence: Noa_	302 Re	(Usual place o	Jerhace (abode)	Tre denil and.	If nonresident give city	or town and State
	PERSONAL AND	STATISTIC	CAL PARTIC	CULARS	MEDICAL CER	RTIFICATE OF E	EATH
3. SEX	4. COLOR	or RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	(Month) (Da	3 , 193 7
	married, widowed, or divon	22 0 7	Markey	Shamed			l attended deceased from
6. DA	TE OF BIRTH (month, day,	7.	1	2, 1880	I last saw h. Realive on	37,10 VI	, 19.3); death is said
7. AGI		Months	Days	If LESS than	to have occurred on the date stated e	bove, at	
	56	11	3	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH a were es follows:	and related causes of Impo	Date of onset
NO	8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	SPINNER	none		Po- Sual	Domon	les 7-1-
OCCUPATION	9. Industry or business in work was done, as SI SAW MILL, BANK, et	which			1		2
000	O. Oata deceased last work this occupation (mon year)	ked at	11. Total tir spen occur	ne (years) Lin this pation			
12. BI	IRTHPLACE (city or town) (State or country)	Frede	rick		Other Coutributory Causes of importe	nce:	
œ ,	3. NAME House	W/ 3	and				
E	4. BIRTHPLACE (city of tow	vn) Fold	enek	man	Name of operation	nu.	Date of
	(State or country)	mo	any lan	d	What test confirmed diegnosis?	W	as there an autopsy? TW_
7	5. MAIDEN NAME HO	orence	1 In	agreer	23. If death was due to external causes		
TOM 1	BIRTHPLACE (city or tow (State or country)	vn) of rec	xeneg	2	Accident, suicide, or homicide?	Date of in	jury, 19
17. IN	FORMANT Miss	Thuce	Viinne	man	Where did injury occur?	(Specify city or town, con NDUSTRY, in HOME, or In	unty and State) PUBLIC PLACE.
18 R1	(Address) 30 5 / OURIAL, CREMATION, OR RE		Lerra	e ·			
10. 00	Place Int. Coli	net Clivel	5-Date 3/	5- 1937	Manner of Injury	<i>a</i>	
19. U	NOERTAKER Haw	y 8.1	Cart.	Co-	Nature of injury24. Was disease or injury in any way i	related to occupation of d	eceased? No
	(Address) Type	deni	h /7	yd.	If so, specify	1.128	
20. FI	LEDY Mich	37	Mma	ende.	(Signed)	Mone	M. D
	,			Registrar.	(Address)	mach	mul In

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02965

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in regall V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

13	1)	(1)	10	A	ď
0	4	J	U	f)

1	L PLACE OF	F DEAT	ТН			23 13	
	County		Fred	erick,		Registration Dist. No. 13	9
	Village Dr C	,	Stat		orium, Md (If yrs. 3 mos	ND. St., death occurred in a hospital or institution, give its NAME instead of street and s 14 ds. How long in U.S. if of foreign birth? yrs. me	number)
/:	. FULL NA	ME	John	P. McGra	ath.	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No		35Th. (Usual place	St.	St., Ward. Baltimore, Maryland If nonresident give city or town and	State
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male		r or race hite		RIED, WIDOWED. (write the word) 2 16	21. DATE OF DEATH March 17 (Month) (Day)	, 193
5a.	If merried, widow HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY, Thet i attended Dec. 3 ,19 36, to Mar. 1	
6.	DATE OF BIRTH	month, day	y, and yeer)	Sept 25	1873	liest saw h_im_elive on_Mar1719.37	; deeth is said
7.	AGE Yea	rs 3	Months 5	Days 22	If LESS then 1 dey,hrs. ormin.	to have occurred on the dete stated above, @25Pn_M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NOCCUPATION 12	9. Industry or work was SAW MIL 10. Dete decees this occu year)	business in s done, es S L, BANK, o ed lest wor pation (mo	which SILK MILL, etc	l 11. Total ti		Pulmonary Tuberculosis	Dec.
ER	I3. NAME		Patrick	McGrat	h		
FATHER	I4. BIRTHPLACE (Stete or	(city or to	own)	reland		Neme of operation	
MOTHER 12	(Stete or	(city or to	wn)	reland. McGrath	ler	23. if deeth wes due to external causes (ViOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	: , 19
	(Address) . BURIAL, CREMAT	ION, OR F	REMDVAL	e, Md. Date Unkn	own ,19	Menner of injury	
	UNDERTAKER (Address)	27 T	L.Cres	Ma.	Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify Stewart & Maffe (Signed) Stewart & Maffe (Address) State Sana torium	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	Y	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02967
1. PLACE OF DEATH	(2) A
County Trederick	Registration Dist. No.
Village or City Freherick	ND. Trakeries Cit Ar Shitalst, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 64 yrsmos.	
2. FULL NAME Trusting Wille	5.
(a) Residence: No. 700 F. Patrick (Usual place of abode) True	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE, OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH march 30 1937
Thate White married	(Month) (Day) (Year)
HUSBAND of Jenne Morgan Heller	22.9 I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Meh. 14-18-72	last saw h. m. alive on march 30 1937; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, et
64 — 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8 Trede, profession, or perticular kind of work done, as SPINNER Alesanas	Completed fem upplace
9. Industry or business in which work was done, es SILK MILL, Clothing SAW MILL, BANK, etc.	a varia simonage.
Date deceased last worked at 1935 11. Total tiple (years) spent in this occupation (month end 1935 12. Total tiple (years) spent in this occupation (years) spent in this occupation oc	
year) occupation year	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) frederick (State or country)	and detation heart.
1 13. NAME Dustion Miller	botto moral-anin pean
14. BIRTHPLACE (city or town) Alsfeld (Stete or country)	Name of operation
15. MAIDEN NAME Caroline Bicking	What test confirmed diagnosis? A 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
16. BIRTHPLACE (city or town) Alsfield	Accident, suicide, or homicide?
(Stete or country) Generally	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Tukerer mil	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place Per Description, 19 1	Nature of injury
19. UNDERTAKER C. E. Coling Hamilton (Address) Andrews Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILEB J. March 1937. Drs J. M. Curly	(Signed) M. Amith
Registra .	(Address) TireSchick Mod

If more blanks are needed, address State Realstrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 15 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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MARGIN RESERVED FOR BINDING
H UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02969
1. PLACE OF DEATH	82-00
County Frequence within the DOCAUCE	Registration Dist. No.
Village or City Frederick	No. Traderick thought Ward
Length of residence In city or town where death occurredyrs_ 9mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mosds
2. FULL NAME Moore Modern	E, If U. S. Veteran, specify WAR home,
(a) Residence: Np. 208 m. Minimist ten	< St., Ward Chambasil - Il.
(Usual place of abode) Char	If nonresident give aty or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
4. COLOR DR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 19 1937
ia. If moved, widowed, or moved	(Month) (Day) (Year)
(or) WIFE of James Q. Moon	22. MARCH 1 19 7 19 7 19 19 19 19 19 19 19 19 19 19 19 19 19
DATE OF BIRTH (month, day, and year) Man 28-1865	I last saw has alive on March (9, 1927; death is sain
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7/ 9- 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER.	
SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	cerena Vemontage / da
kind of work done, as SPINNER. Letter House. will SAWYER, BDOKKEPER, etc 9. Industry or business in which work was done, as SPINNER. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this cocupation	
	0
yeer) occupetion occupetion	Other Coutributory Causes of Importance:
(State or country)	R
	1 toucho meumona
3.7.6	Name of operation
(State or country)	What test confirmed diagnosis? Clara Tal Was there an autopsy? N
15. MAIDEN NAME Margaret Davidson	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME margaret Davidson 16. BIRTHPLACE (city or town) Doracofordariell (State or country)	Accident, suicide, or homicide?Dete of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis Coly Struct	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Danville Tel. Date Mel. 22 1937	Nature of injury
19. UNDERTAKER 6. E. Coline 9 fon	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) Frederick rul,	If so, specify
20. FILED 19- March 1937 In J. M.C. Charley	(Signed) A. Justin Carry M. I
Register.	(Address)
aj more vianto are necucu, anarem State Registrar,	2411 IV. Chanes Street, Dathmore, Requesting U. S. IVO. 1.

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Example II	Example I		
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Run over by street car	1921	Chronic interstitial nephritis	
Peritonitis	July 5, 1927	Cerebral hemorrhage BUREAU V. 5.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gastroenteritis	May 1,1923	Gallstones	
	May 1,1923		
	The principal cause of death and rof importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of import	The principal cause of death and reof importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of import	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12970
1. PLACE OF DEATH	
County Fraderick	Registration Dist. No. 13 8
Village or City new market	No. St., Ward
(If Length of residence in city or town where death occurred 3 vrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign blith?yrsds.
2. FULL NAME Carolina, matel	1. marsoll
(a) Residence: No. New market, md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH arch 28 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Sec. 16 19 37 to March 2 19 37
6. DATE OF BIRTH (month, day, and year) July 7, 1847	last saw h_ alive on March 23 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3,30 A.m.
89 8 2/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were actiollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Carcinoma of the slomach now
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Townsack, Tul. (State or country)	Other Coutributory Causes of importance:
13. NAME / Deian Buchan moral	9
13. NAME / Alean Britan worself 14. BIRTHPLACE (city or town) Beltaville mile (State or country)	Name of operation Date of Was there an autopsy? Nor
15. MAIDEN NAME and Rebessay Oreston	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Frederick, and (State or country)	Accident, suicide, or homicide?
17. INFORMANT William F. morselle (Address) was I while, ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Int. Clint. Cempbate 3/30/, 1937	Manner of injury
19. UNDERTAKER (Address) Fraderick , mf.	24. Was disease or injury in any way related to occupation of deceased? NW
20. FILED Mar 29, 1937 Lucian K. Falconer Registrar.	(Signed) times of Roup M. D. (Address) New Market Mdp.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE TION is

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city intown where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH A 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS than to have occurred on the data stated above, at or____nin. Trada, profession, or particular NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATI 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. II. Total time (years) spant in this IQ. Data deceased last worked at this occupation (month and occupation _ 12. BIRTHPLACE (city or town). (State or couplry) I3. NAME FATH 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diagnosis?... ---- Was there an autopsy? MOTHER IS. MAIDEN NAME 13-If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?___ 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?. (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Naturo of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify

Registrar. (Address) 3 2 W main

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Arteriosclerosis REC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 1937	July 5,1927	Peritonitis	3 days ago
BURBALL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
--	-----------

1 year

70

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ISECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage APR 5 1931	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	ellara.
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			
			by H S

V. S. No. 1

1. PLACE OF DEATH	,	(23)		
County Incolement	7 		Registration Dist. No	4.1
Village or City Dominac	unk	No	S	t., Ward
Length of residence in city or town where death	2 23	f death occurred in a hospital or institution, sds. How long in U.S. if of for		
2. FULL NAME PERCY O	Nicoden	if U. S. Veteran, spe	cify WAR	
(a) Residence: No. 55	(Usual place of abode)	St., 827 Ward.	If nonresident give city or tov	wn and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CER	TIFICATE OF DEA	тн
	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Nonth) 26	, 193(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	A .	22. O I HEREBY C	ERTIFA, That I at	lended deceased from
· arrie	arimm	preden 19	33, to Block	0 T.6, 19.3
6. DATE OF BIRTH (month, day, and year)	2101/8/3	i last law help alive on	March 200, 19	93
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ab The PRINCIPAL CAUSE OF DEATH as were as follows:		1
8. Trade, profession, or particular	- 0	1		Date of onset
kind of work done, as SPINNER, BOOKKEEPER, etc.	exxetore /2	4 Mulmans	uj	9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Clerk	rate do 0	70.	(
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occuration (month and	11. Total time (years)	luce	weldes	
this occupation (month and	spent in this			
	2	Other Contributory Causes of importan	ice:	
12. BIRTHPLACE (city or town)(State or country)	-g	-		
1 0 - 1/	0-8			
13. NAME Setu Nic	odenua			
14. BIRTHPLACE (city or town)	7-K	Name of operation	0 17	te of
(State of country)	0 /	What test confirmed diagnosis?		
15. MAIDEN NAME Emma &	Sumpriss	23. If death was due to external causes		
16. BIRTHPLACE (city or town) (State or country)	mil	Accident, suicide, or homicide?	Date of injury	, 19
Ad . M.	. 1	Where did injury occur?	(Specify city or town, county a	and State)
17. INFORMANT Municy Vice (Address) Bunsuite	k my	Specify whether injury occurred in IN	DUSTRY, In HOME, or In PUBI	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Purk Highes Lemelry	Sunswerk Mel	Manner of injury		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
19. UNDERTAKER 19. 19. 2 1 3 9	son 1	24. Wes disease or injury in eny way r	elated to occupation of deceas	ed?
(Address) Bransmics	e ma	if so, specify	X-1/	
20. FILED LERED 7 , 19 57 Ger A 8	Holya	(Signed) Nellegers	chu	MELLE
3 .38. V	Registrar.	(Address)	tores VINGE	//

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Example I	18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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County Dredoreck	,	Registration Dist. No. 138
Village or City Reels me	10>	N-
Timage of ony	(NDSt.,War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deal	th occurred 46_yrsm	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME ROSAL Ell	en O'Breen Phe	Sko If U. S. Veteran, specify WAR hove
(a) Residence: No. Reels	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man. 28 193 7
e. If married, widowed, or divorced	married	(Month) (Day) (Yaar)
(or) WIFE of Howard a	where Phops	22. HEREBY CERTIFY, That I attached deceased fro
DATE OF BIRTH (month, day, and year)	v·15,1890	last saw h W alive on march 200, 19 37; daath is sa
AGE Years Months	Days if LESS than	to have occurred on the deta stated above, at
46 4	13 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	•	Date of one
kind of work done, es SPINNER, SAWYER, BDDKKEFPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at	ouseevife	Darcenoma press
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	acul	4.
SAW MILL, BANK, atc	11. Total time (years) spent in this	operation I glav ago.
10. Date deceased last worked at this occupation (mapth and year)	spent in this 20	
500 D.	4 00.	Other Contributory Canses of importance:
2. BIRTHPLACE (city or town) (Stete or country)	mul	The state of the s
1 2/1 2 1/1	2	- ownerman sung
2.1	Car A Ca	Remarks
(State or country)	derecke Co.,	Name of operation / Lambour Data of Marien
1	Tues !	What test confirmed diagnosis? Was there en autopsy? N
15. MAIDEN NAME (Journe) Ch	uninet,	23. If death was due to axternal causes (VIÓL ENCE) fill In elso the following:
	erecky Co.	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	ne.	Whera did injury occur? (Specify city or town, county and State)
7. INFORMANT Mrs. Meredita. (Address)	Belger	Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Yout O Shiret Centery	Date 3/3/	Nature of Injury
08000	+ LAN	24. Was disease or injury in any way related to occupation of deceases?
9. UNDERTAKER 6. Click (Addrass) 2000	meles mo	if so, specify X 36/ 3

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	92
County Frederick	Registration Dist. No. 138
Village or City Near Pearl	No. Frederick Co St. Ward
1	death occurred in a hospital or institution, give its NAME instead of street and number)
2.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary a Shelly	£0
(a) Residence: No. Man Cearl (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Widowed	21. DATE OF DEATH March 2nd. 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Done Phillips	22. THEREBY CERTIFY. That I attended deceased from Tell 29, 1937, to March 2nd 1937
6. DATE OF BIRTH (month, day, and year) Que 10-1862	I last saw hen alive on Fich 24, 1937; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
84 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rolated causes of Importance were as follows:
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10. Date deceased last worked at this occupation (month and 1932 spent in this year)	
12. BIRTHPLACE (city or town). Near Pearl	Other Contributory Causes of importance:
(State or country) Frederick Md	
13. NAME Samuel Scale 14. BIRTHPLACE (city or town) Creagerstown	Name of operation
(State or country)	What test confirmed diagnosis? Clinecal Was there an au'opsy? No
15. MAIDEN NAME Mary Jane Cromwell	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary Jane Cromwell 16. BIRTHPLACE (city or town) Julica (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT R. Joseph M. (Address)	Where did Injury occur?
18. BURIAL, CREMATION, OB REMUVAL	Manner of injury
Place mt Cornel Date 3/4 , 1937	Nature of Injury
19. UNDERTAKER C. E. Celinia, a Son	24. Was disease or injury In any way related to occupation of deceased? Was
20. FILED 3 - 3 , 19 27 Lucian K. Falconer	(Signed) Ernect P. Roop M. D. (Address) New Merket Md. M. D.
Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Ē 724	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred. How long in U. S. if of foreign birth? vrs. mos. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OBCRACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH March 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 1977 to Mars 3 1937 Mast saw h new alive on March 23, 1927; deeth is said 6. DATE OF BIRTH (month, day, end year) Years Days properl 7. AGE Months If LESS than to have occurred on the date stated above, et / 0,200 m 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence or min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, of SAWYER, BOOKKEEPER, etc may 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) Name of operation__ plain (State or country) efully What test confirmed diegnosis?_____ Was there en eutopsy?____ MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill In elso the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of Injury______ 19. (Stete or country) Where did injury occur?___ (Specify city or town, county and State) should Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE LION Nature of Injury. 24. Was disease or injury In eny way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) Watkerwille.

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 1 CV (37)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
08.			
11 130.			

V. S. No. 1

ż

state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 02977
1. PLACE OF DEATH	(K5)
County Mayanck,	Registration Dist. No.
Village Dr City Control	ND. St., Ward
Length of residence in city on town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Lettie Ray Etsler	California Specify WAR
(a) Residence; Np. (Use place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Figurale While Process Devo	3 25 1027
5a. If married, with the ordivorced HUSBAND of (or) WIFE of Tree Robinson	22. I HEREBY CERTIFY, Thet I attended deceased from 19.37 to Max. 2.1 19.57
6 DATE OF RIRTH (month day and year) 1883, 111 - 23	9/4 2 11
of Date of Date in Commence of the Commence of	Vlast sew h. L. elive on Mars. 2 4 , 1927; deeth/s said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, atA_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
5-3 2 1 day,nrs	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Sucide by hanging
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	Strangulation,
10. Date deceased last worked at this occupation (month and year) spant in this occupation	//
N. V. at 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	-
is 13. NAME (dan Jagles Chyler	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Current Fo, Conter 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
E IS DIPTURE OF CHARLES OF CHARLES	Accident, suicide, or homicide? Suracide Date of Injury 3/2 5 1937
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur with the state of the
YI OTT,	(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in IND#STRY, In HOME, or In PUBLIC PLACE.
(Address) Atalylou. 18. BURIAL, CREMATION, OR REMOVAL	- Jarl poure
Place Tass muset Clerky Date Much 28, 1937	Manner of Injury
Place MYN. INMINES J. L. Uate / LANGE A. C., 1997	Neture of Injury
19. UNDERTAKER Co. M Walte -	24. Was disease or injury In any way related to occupation of decoased?
(Address) Skontreld, Md.	If so, specify
20 SUED Mar 2) 1037 Water Lun Lun	(Signed) Ita Dr. Bealf M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:	()	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) If U. S. Veteran, specify WAR____ ORD. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR, OR RACE 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OB DIVORCED (write the word) (Month) BINDING 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Yaars Days If LESS than to have occurred on the date stated above, at. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. wara as follows 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... RESERVED may back 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Data daceasad last worked at 11. Total tima (years) this occupation (month and spent in this that occupation __ 80 MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation (State or country) carefully d MOTHER 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?______ Date of injury______ 19___ OF DEATH (State or country Where did injury occur?___ Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous 17. INFORMANT (Address) Mannar of Injury CAUSE Nature of injury 24. Was disease or injury in any way related to occupati (Address) If so, specify (Signed) Registrar.

Registration Dist. No. How long In U. S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State (Day) That i attandad dacaasad from Date of onset Was there an autopsy?___ (Specify city or town, county and State)

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
52.050/11-7.26			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(0)	of infor-	ld state	CCUPA-	
h	item	shou	O Jo	1
	3D. Every	YSICIANS	Exact statement of OCCUPA-	
	RECO	Y. PH.	Exact	
BINDING	PERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	ly classified.	
m	PI)-mil	Y	40

	STATE (OF MAR'	YLAND-	CERTIFICATE OF DEATH 02979
	OF DEATH	within 4	ne Little	210-8
,	Frederick			Registration Dist. No.
Village o	City Frederic	K		No Frederick City Hospitalst, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of	esidence In city or town where	deeth occurred		ds. How long in U.S. if of foreign birth?
2. FULL N	AME RET MEL	son Rohr	er	If U. S. Veteran, specify WAR
(a) Resid	ence: No. / Qu	ARUSY (Usual place	relle	St. Ward If nonresident give city or town and State
PERSO	NAL AND STATIST		9/5	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH March 2 4 193 7 193 7 193 7 193
5a. If married, wid HUSBAND o (or) WIFE of		. Rohrer		22. I HEREBY CERTIFY. That I ettended deceased from 24 1937 to 24 192
6. DATE OF BIRT	H (month, day, end yeer) S a	interiber	9 1908	I last saw have alive on mar 2 \(\tau_19\) 2 deeth is sai
	feers Months	Deys	If LESS then	to heve occurred on the dete steted ebove, et. 2.36 m.
28	6	15	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were a follows
SAWY S. Industry Work SAW 10. Date dec this o	ofession, or particuler of work done, es SPINNER, ER, BOOKKEEPER, etc	11. Totel ti	me (years) petion 2	Covering 2/3 Poly Surface Coused by an explosion of and automobile gasaline touch automobile
12. BIRTHPLACE (Stete or o	(city or town) HAFCI ountry)	atown. 1	îd.	Other Contributary Causes of importence: - Expansion due to extensive record-
13. NAME	Harry D. Ro	hrer		brom the explainer
	CE (city or town)RGA_\ or country)	ver Creek	: 110.	Neme of operation Oete of What test confirmed diagnosis? Wes there en eutopsy?
15. MAIOEN	NAME Sarah T	. Lutz		23. If death was due to externel ceuses (VIDL ENCE) fill in elso the following:
	CE (city or town)	fiddletov	m. Hd.	Accident, suicide, or homicide? Accident Dete of injury What 1,193 y Where did Injury occur? Darage Burkittanlle
17. INFORMANT _	Harry D. I	Rohrer		Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
_	ATION, OR REMOVAL	m. Bukith	10 19 37	Menner of injury . To so lave Explosion
19. UNOERTAKER (Address)	Gladhill Co) •		24. Was disease or injury In eny wey releted to occupation of deceased? 2500. If so, specify Warking in Gorage
20. FILED 27-	march 19 37. Dr	000	Can Dec.	(Signed) & Third M.

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Arteriosclerosis	BECEIVED.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephi	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	ABP 5 WY	July 5,1927	Perilonitis	3 days ago	
	SUREAU V. 3.	1			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE-PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02	980
1. PLACE OF DEATH / . /	7.2	02/
County Frederick	Registration Dist. No.	0
Village or City To To The Monterus	No. Emergence Hospita	D Ward
1 / 0 (If	death occurred in a hospital of institution, give it NAME instead of street and r	
Length of residence in city or town where death occurred mos.	ds. How long in U.S. If of foraign bith?mc	osds.
2. FULL NAME Lorge Williams Wall	Lif U. S. Veteran, specify WAR No VC	lesav
(a) Residence: No. 100 W. Saut St.	St., Ward	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write tha word)	March 6	193 7
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22.0 / I HEREBY CERTIFY, That I attended	deceased from
(v), v	Frek. 21 , 1937, to March	le, 19.37
6. DATE OF BIRTH (month, day, and year) July 17, 1919	I last saw h suralive on Thanks 5, 19.3.	; death is said
7. AGE Years Months days If LESS than 1 day	to have occurred on the data stated abova, at/_2m.	
17 19 19 ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
8. Trada, profassion, or particular kind of work dona as SPINNER		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Exceptabilis	S-421-
work was dona, as SILK MILL, SAW MILL, BANK, atc		37
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc. 1D. Data dacaasad last worked at this occupation (month and spant in this		
year) spant in this occupation (month and spant in this occupation		
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:	
(State or country) Maryland.	and,	7-4,15
13. NAME arthur Collins		
13. NAME (Irthur Collins) 14. BIRTHPLACE (city or town)	Name of operation Date of	1
(Stata or country) Manyland.	What test confirmed diagnosis? Was there an a	utopsy? Zeo
15. MAIDEN NAME Plaise Bussel	23. If death was due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME Training Butter	Accidant, suicide, or homicide? Data of Injury	, 19
(Stata or country) Maryland	Where did Injury occur?	
17. INFORMANT Miss adeletes ger Emer yeur Ha	(Specify city or town, county and State (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
(Addrass) forederick Mary Pand 11	<u>/</u>	
18. BURIAL, CREMATION, OR REMOVAL Hedenelds Mos	Manner of injury	
Place familie lim Data March 8, 19.37	Nature of Injury	
19. UNDERTAKER III. V. Clempan & Jose	24. Was disaase or injury in any way related to occupation of deceasad?	20
(Address) frederick, Mr.	If so, spacify	
20. FILED F - March 1937. Dra Ju March 1937.	(Signad) Political De Caralle De	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 5 1937		,		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	Lugar	
/	May 1,1020	Gusti Dentei tus	1 year	
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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02982
1. PLACE OF DEATH	159
County Frederick	No. Registration Dist. No.
Village or City Mr. Middle town	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME John William Shant	If U. S. Veteran, specify WAR
(a) Residence: No. Mr. Middletown N	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 17, 1937
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Mar. 15, 1937	I last saw h alive on Man 19 19 193 7; death is sale
7. AGE Years Months Deys I LESS then	to heve occurred on the dete stated above, etm.
2 1 day,hrs.	were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Trematurity
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decesed last worked at this occupation (month and	/
SAW MILL, BANK, etc	
this occupetion (month and spent in this occupetion	
12. BIRTHPLACE (city or town) Mr. Middle town. (State or country) Md.	Other Contributory Causes of Importence:
13. NAME William Shank	
13. NAME William Shank 14. BIRTHPLACE (city or town) Mr. Myers Kille, (Stete or country)	Neme of operation Acree Date of
15. MAIDEN NAME Pauline Hahn	What test confirmed diagnosis? Wes there an autopsy? Mo
16. BIRTHPLACE (city or town) Frederick Community	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19
17, INFORMANT William Shank	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Middle form Md 18. BURIAL, CREMATION, OR REMOVAL	Name of Section 1
Piece AGrossnickle's Date 3/18/ 1937	Manner of injury
19. UNDERTAKER Gladaille Complete	24. Was diseese or injury In any way related to occupetion of deceased? 20
20. FILED Mar. 18., 1937. D. Grayson Sames	(Signed) Slice of Harp M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WILKEAU V. S.	July 5,1927	Peritonitis	3 days ago	
	A CONTRACTOR OF THE PROPERTY O	, 1922/10			
Other contributory cau	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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DEAU V. S	50 g			
Other contributory causes of importance:	TALE H	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. N. B.—WRITE PLANLY, W.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02984
1. PLACE OF DEATH	930 137
County Wederest	Registration Dist. Np. / O
Village or City Near Laylorsvelle	NDSt.,Wa
Length of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if ot foreign birth?
2. FULL NAME CRICKE Gabille Si	hipleus, Veteran specify WAR
(a) Residence: No. Rear Lexionvilla (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Shipley	22. I HEREBY CERTIFY. That I attended deceased for
S. DATE OF BIRTH (month, day, and year) (879 - 4 - 53	i last saw h. Lx : alive on Jaly , 19-27; death is sa
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, protession, or particular kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Enraine Myo- Cardelia 134
kind of work done, as SPINNER, SAWYER, BODKKEFER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et bits occuration (month and	J
10. Date decesed last worked et this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Fred J. Co., (State or country)	And.
13. NAME Seo. F. Reaver 14. BIRTHPLACE (city or town) Md,	
(State or country)	Name of operation
15. MAIDEN NAME Leave Long 16. BIRTHPLACE (city or town) MA	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Clarence Skipley (Address)	Where did injury occur? (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CONST. Doto March, 15, 1937	Manner of Injury
19. UNDERTAKER 6.M. Waltz- (Address) Kan Leel Md.	24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED MANIY, 1937 Pholosofular. Registrar.	(Signed) Dea The Deally M

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10000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

B.—WRITE

V. S. No. 1

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	1)	0	50	
U	4	U)	27

Villa		rederic		(lf	Registration Dist. No. No. Frederick Gith Hospita death occurred in a horpital or institution, give its NAME instead of death occurred. How long in U.S. If of foreign birth? yrs.	St., Ward
		rs. Cora Freder	Bell S ick R. F (Usual place		1 St., If nonresident give city or	Iown and State
PE	RSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX Fema.		or or RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 22n (Month) (Day)	d, 193 7 :
5a. If marria HUSBA (or) WI	d, widowed, or div ND of FE of Geog	orced rge A. S	Sier		22. MIHEREBY CERTIFY, Thet I	attended daceased from
6. DATE OF	BIRTH (month, da	y, end year) At	igust 1,	1873	I last sew her alive on March 22	, ,
7. AGE	Years 63	Months 7	Days 21	If LESS then 1 dey,hrs. ormin.	to have occurred on the date steted above, at 3.45 Pm. The PRINCIPAL CAUSE OF DEATH end related ceuses of Import were as follows:	
8. Tred	le, profession, or p sind of work done SAWYER, BOOKKE	, as SPINNER, EPER, etc	Housewo		Distates Rellitue	Data of onset
0 10. Data	stry or business I work was dona, as SAW MILL, BANK, a deceesed last wo this occupetion (mo year)	orked at onth end	ary spa	ime (years) nt in this 45 upation	Other Contributary Canses of importance:	
	ACE (city or town) e or country)	Marylar	ıd		artini dum	
企 山 13. NAM	E David	Welling	j*		The state of the s	***************************************
1		own)Tar,			Neme of operation	
15. MAI	DEN NAME	lartha E	Bennett		23. If daath was due to external causes (VIOLENCE) fill in also th	e following:
15. MAIDEN NAME lartha Bennett 16. BIRTHPLACE (city or town) Haryland (State or country)					Accident, suicide, or homicide?	
17. INFORM/	ANT Mr. (Iress) Frede	George A	Sier F. D.	#1, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in F	UBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Place Frederick, Md. Date 3/25, 1957				t. Cem.	Mannar of Injury	
19. UNDERT	AKER Ma Fired	R. Etchi	son & S	gn	24. Was diseese or injury In any way related to occupation of dec	ceased? Zw

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYL	AND-CERTIFICATE C	F DEATH

1.	PLACE OF DEATH			82:01	0017
	County Frederic	h		Registration Dist. No. / 38	
	Village or City Lea	surville-		No lease Collage fairlesings	Ward
	Langth ot rasidence in city or town	where death occurred	(If	death occurred in a harpital or institution, give its NAME instead of street and ni /// ds. How long in U.S. it of foreign birth?	umber)
		1 Day	yrs,&mos		sus.
2.	FULL NAME A ara	on m, ou	20. 11		1
	(a) Residence: No. Mu	arlushing (Usual place		St., Ward. If nonresident give city or town and S	State
	PERSONAL AND STA	TISTICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Female White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 3 - 8 - (Month) (Day)	193.7
5a. I	t marriad, widowed, or divorcad	- /			
	(or) WIFE ot J. Me	* Small		22. I HEREBY CERTIFY, That I attended d	, 19.3.7.
_	ATE OF BIRTH (month, day, and year	18-18-	1876	I last saw h 🕰 aliva on 3 - 8 - ,19.27	; death is said
7. A			If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2.30 f.s.m.	
		6 20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as tollows:	Date ot onset
TION	8. Trade, protession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc		uping	Curebral asterioschrosis	1933
JPA	9. Industry or business in which work was done, as SILK MILL	. Housew	ork	levelsal hours hage Dec-	1936
OCCUPATION	10. Date deceased last worked at this occupation (month end year)	11. Total t	ime (yaars) nt in this upation 20 years	besselval humanhage warele	8-1937
12.	BIRTHPLACE (city or town) Ber	1 1 21	. Na .	Other Contributory Causes of importance; Payelians with circlinal	
œ l	(State or country)	· B · 1		Carlinachronis	1935
FATHER	70	C. Beard	20. 11	7	
FAI	14. BIRTHPLACE (city or town)	waly to.	W.va	Name of operation	7
2	15. MAIDEN NAME ESCURAL	60:00 th	20011	What test confirmed diagnosis? Was thara an at	
MOTHER	7.000	Ber De las	Me Ma	23. It daath was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?Date of injury	
8	16. BIRTHPLACE (city or town) (State or country)	annowy see .	77. 70	Whera did injury occur? Ms. ingury	, 17
17. i	NFORMANT J. W. B.	eard Chra	ther)	(Specify city of town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE,
18. 1	BURIAL, CREMATION, OR REMOVAL	surg M. A	ra .	Manner of injury	
	PlaceMostinsburg	(W) lande Man	11,193.7	Nature of injury	
19, 1	UNDERTAKER TOWN OF	X. By	Ja.	24. Was disease or injury in eny way ralated to occupation of dacaasad?	ho
20, 1	FILED 3-8 1937 a	luftan K. 7	Choren Registrar.	(Signad) Horge H. Miggs Me	M. D.
		If more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER STATEMENT	BY	PHYSICIAN
------------------------	-------------------	----	-----------

plnods BINDING

RESERVED MARGIN efully

1. PLACE OF DEATH OCCI Within the Corporate limite County Frederick Village or City Frederick Jo Langth of residence in city or town where deeth occurred. ______yrs.___ 2. FULL NAME Mary Adeline Smith If U. S. Veteran, specify WAR. (Usual place of abode) xact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH . [OR DIVORCED (write the word) March Colored Female (Month) 5a. if merried, widowed, or divorced HUSBAND of (or) WIFE of December 1934 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Months Days if LESS than 1 day,hrs. 0 or min. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.____ CUPATION Jo 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back 10. Date daceased last worked at 11. Total time (years) this occupation (month and spant in this occupation __ instructions 12. BIRTHPLACE (city or town). (State or country) terms, Smith Leon FATHER 13. NAME See 14. BIRTHPLACE (city or town) ... in plain (State or country) MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Maryland (Stete or country) Where did Injury occur?____ DEAT Irs. Leon Smith should Frederick, Maryland OF 18. BURIAL, CREMATION, OR REMOVAL mation TION Nature of injury. Etchison Maryland (Address) if so specify

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No ND. ORO N a BENUZ St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) 3 mos. O ds. How long in U.S. if of foreign birth? yrs. mos. ds, If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. That I attended decassed to probably enturancestio no post-mortera comerations What test confirmed diagnosis?_____ Was there an europsy?_[___ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Was diseasa or injury in any way related to occupation of decaasad?... (Address) the denell med

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			HATTI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02988
1, PLACE OF DEATH	- WINE 92
County Frederick moon the Doroot	Registration Dist. No.
Village or City Tredench	No. 10 89 M. Machet St., Ward
(If Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME To hun Wesley Sun	le If U. S. Veteran, specify WAR wat a walesan
(a) Residence: No. 1639 1. Market	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
male white OR DIVDRCED (write the word)	(Month) (Day) (1937)
5a. If married, widowed, or divorced HUSBAND of (Or) WHPE of Florence Eyler (Smook)	22. I HEREBY CERTIFY. That I attended deceased from March 23 1917 to March 27 1927
6. DATE OF BIRTH (month, day, and year) Feere 10 1873	Last saw h line alive on March 27 1927 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 5
63 9 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trede, profession, or particular kind of work done, as SPINNER, Real Estate	Ω
Kind of work done, as SPINNER. Road Estate SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	Coronary Colucion March
work was done, as SILK MILL, Macus ance	
11. Total time (years) this occupation (month and year) 12. Total time (years) spent In this occupation / 2.3.7	
12. BIRTHPLACE (city or town) Delay	Other Contributary Causes of Importance:
(State or country) The any land	arterio relinio
13. NAME In my Henry Smank	
13. NAME 1 Hearty Such State of country Hearty Such Clearly State of country Hearty Such Clearly State of country Hearty Such Clearly Such State of country Hearty Such State of Country Heart	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Classical Westhere an autopsy? No
15. MAIDEN NAME Servan E. Jany 16. BIRTHPLACE (city or town) Hawks Church (State or country)	23. If deeth wes due to external causes (VIDLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) Nauchs Caluch	Accident, suicide, or homlcide?
(State or country) Many land	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Frederick, Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Inf. Olive form. Date 3/29, 19.37	Nature of injury
19. UNDERTAKER Henry E. Carly Ceo- (Address) Frederics Ind.	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILEO 29 - Morel, 1937. Dra J. M. Carly Registrar	(Signed) A. Gentlem Oscarre, M. D. (Address) Sendences Md 1
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory squees of importantes	1	Other contributory causes of important	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 02989
1. PLACE OF DEATH	40
county-Frederics	Registration Dist. No. 140
Village or City (Ovaloro	No. St., War
Length of residence in city of town where deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Theresal or has	Sheer
(a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	ED, ord) 21. DATE OF DEATH March 3, 193 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed fro
. DATE OF BIRTH (month, day, and year) Jaw. 17,185	I last sew h relive on Practice 7, 1937; death is sai
. AGE Years Months Days If LESS t	
8/ 1 /6 1 dey,	THE FAINCIFAL CAUSE OF DEATH and related causes of illinoritence
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occupation (month and a)	Jumma Justistino 1438
work was done, as SILK MILL, SAW MILL, BANK, etc	}
10. Date deceased last worked at this occupation (month and $Q \le I$	le le
year)	Other Contributory Causes of importance;
2. BIRTHPLACE (city or town)	
(State or country) Manyland	_ assura
13. NAME Susual W. Henry	
13. NAME (city or town)	Neme of operation
A Jee Jake	What test confirmed diagnosis? Was there an autopsy?
- Topical Contract Toxics	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT Ladie Skanner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Novolshov m	
8. BURIAL, CREMATION, OR REMOVAL MAY HOLE C COMMON STATEMENT STAT	Manner of Injury
Place Date Date 1, 15	9-22. Nature of injury
19. UNDERTAKER Fourth & Albangh	24. Wes disease or injury In any way related to occupation of deceased?
2 990	2Q (Signed) I plant / Duller M.
20. FILED Mox, 4, 1937	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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0.11			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 E

ż

20. FILED Mar. 25, 1937 h

STATE OF MARYLAND	CERTIFICATE OF REATH 02990
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948
County Frederick	Registration Dist. No. / 2
Village or City Middle town. Ma	
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?
2. FULL NAME Eyster E. Stine	
/	
(a) Residence: No. // d d leto wax / M d (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	Name of the state
(or) HITE-OF Laura A. Stine	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, dey, and year) Feb. 24 187.5	1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, dey, and year) Feb. 24 /8 75 7. AGE Years Months Days If LESS than	to hava occurred on the data stated above, at
63/ / 30 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad causas of importance
Trade, profession, or particular	were as follows:
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. Janitor	3/22/2
Mindustry or business in which work was done, as SILK MILL, Various, Blogs	
SAW MILL, BANK, etc. Middletom Md	
10: Date decaased last worked at this occupation (month and year). 1937 occupation (month and year). 1937	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Fre derick County	Juffua 3/18/3
(State or country)	1
13. NAME Lawson Stine	
(Stata or country) 14. BIRTHPLACE (city or town). MIEDIE TOWN, (Stata or country)	Name of operation
I I P I I	What test confirmed diagnosis? Wes thara an eutopsy?
	23. if death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Middle town (State or country) Md	Accident, suicide, or homicide?
/ A S/:	Where did injury occur?(Specify city or town, county and State)
(Address) Middle form Md	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Middle form Md	Manage of tall
Place Luth Cem, Middlelembata Mar 25, 1937	Manner of injury
C1 2 1 6:11 6 2	
19. UNDERTAKER ULAANILOO- (Address) Middle town Md	24. Was disaese or injury in any way ralated to occupetion of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ---

Registrar.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN

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SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	

V. S. No. 1

				OF MAR	YLAND—	CERTIFICATE OF DEATH 92992
1	1. PLACE OF					930
1	County Fr					
			ar Jeff	- GT. 2011	(If	No. No. Jefferson, Md. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
						ds. How long in U.S. if of foreign birth?yrsmosds.
2						If U. S. Veteran, specify WAR None
	(a) Residenc	e: No	near .	Usual place	of abode)	St, Ward. If nonresident give city or town and State
		AL AN	D STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	sex 'emale		r or race	5. SINGLE, MAR OR DIYORCEI	RIED, WIDOWED, O (write tha word) V	21. DATE OF DEATH March 17, (Day) (Year)
5e.	. If marriad, widowa HUSBAND of	d, or divo	rced			22. A HEREBY CERTIEN. That I attended deceased from
	(or) WIFE of	Jam	es Henr	y Stock	nan	1907 to 11/201 1937
6.	DATE OF BIRTH (nonth, day	, and yeer)	March 6,	1866	lost saw her alive on Alexander 19.37; death is said
7.	AGE Year		Months	Days	If LESS than 1 day,hrs. ormin,	to heve occurred on the date stated abova, etm. The PRINCIPAL CAUSE OF DEATH and rales of causas of importance
z	8. Trade, profess	sion, or pa	rticular	TT		were as follows:
OCCUPATION	SAWYER,	BDOKKEE	as SPINNER, PER, etc	Housewe	or.k	11/000000000000000000000000000000000000
	9. industry or b work was SAW MILL	done, es S	ILK MILL,	At Home		A Standard of the
000	10. Data deceasa this occup yeer)	d lest wor ation (mo	ked at 11th and 2/3	5'/ spai	ma (years) It in this 55 pation	Jan Owner Jib
12	. BIRTHPLACE (city (State or count		Tary	yLand		Dther Contributary Causes of Impertagle:
ER	13. NAME	John	n H. Cu	ıller		taken the same of
FATHER	14. BIRTHPLACE		wn)	yland		Name of operation Data of Was there an au'opsy?
HER	15. MAIDEN NAM	ie Li	ucinda	C. Kefa	ıver	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTH	16. BIRTHPLACE		wn)	Maryland	***************************************	Accident, suicide, or homicide? Date of injury19
17	. INFORMANT GI	rays	on C. S Jeffer	Stockman Sson, Mai	vland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATI	ON, OR R	EMOVAL TIT	Olive	; Cem.	Manner of Injury
19				ison & So		24. Was disease or Injury In any way related to occupation of dacaased?
20	. 0 -0	A		e fore		(Signad) August M. E. (Address) M. E.

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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR J 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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/	S	TATE O	F MAR	YLAND-	CERTIFICATE	OF DEAT	ГН	12993
1	. PLACE OF DEA			- constant W	(P21)		1.	2/
	County Frede	rick	wrom an	A DOLDOLYM III		Registration Di		<u> </u>
	Village or City Fin	ederick			NoFrederick death occurred in a hospital or inst	City Hosp	italst,	Ward
	Length of rasidenca In ci	ty or town where d	eath occurrad		77			
2	. FULL NAME	rvin Cr	esson T	homas	If U. S. Veteral	n, specify WARN	lone	••••••
	(a) Residence: No	Gaither		Maryland	St, Ward.	Gaithersb		
	PERSONAL AN	D CTATISTI	(Usual piace			If nonresident gi	OF DEATH	State
3.		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH			
		ite		D (write tha word)		March (Month)	12th,	, 193 7 (Yaar)
5a.	If marriad, widowad, or divo	orced						
	(or) WIFE of Marg	garet Pa	venalt		march 7	Y CERTIFY	That I attanded	
6	DATE OF BIRTII (month, da	wand year) No	vember	11, 1898	I last saw himaliva on	march	/_ ~	; daeth is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date st	ated abova, at 1:3	OA.	
	38	4	1	1 day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes	of importance	Date of enset
N	8. Trada, profession, or pokind of work dona,	as SPINNER.	Manager	9.18.1	Att	•		
OCCUPATION	SAWYER, BOOKKEE	n which		Successful	Jej wesen	i i		2/100
CUP	work was done, as SAW MILL, BANK,	SILK MILL, Th	omas &	Company	Gon Von	Tomethe		PICUL
000	1Q. Date deceased last worthis occupation (mo year)	inth and 3/3	ry spe	ima (years) nt in this 21 upation		200.20x.30x		
12.	BIRTHPLACE (city or town) (State or country)	'Maryl	and		Other Contributory Causes of in	vederte.	J	-
ER	13. NAME John	W. Thom	as		1,1	1 4		-
FATHER	14. BIRTHPLACE (city or to (State er country)	own)Mary	Iand		Nama of operation What tast confirmed diagnosis?	udellow	Date of Z	-
ER	15. MAIDEN NAME AC	ldie Rem	sburg		23. If death was due to external			
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)Marv	land		Accident, suicide, or homicide?		ete of injury	, 19
17	INFORMANT Mrs.	Margare	t P. Th	omas	Where did injury occur?	(Specify city or to	own, county and Stat IE, or in PUBLIC PL	te) ACE.
18	(Address) Galta		. Maryl		Manner of injury	»		
	Place Freder		. Date	3/15,19 3	Nature of injury			
19	. UNUERIANER	R. Etchi lerick.	son & S Marylan		24. Was disease or injury in any		lion of deceasad?	200
20	FILEO 13 morch	37. Dr	a An	a Carely	(Signad)	WOV	WWW.	О м. р.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Cerebral hemorrhage Ph	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

If nonresident give city or town and State That | atlended deceased from Date of onset 1930 (Specify city or town, county and State)

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Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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139

BINDING

RESERVED

MARGIN

OCCUPA-

plnods

PHYSICIANS RECORD. PERMANENT may plnods plain carefully

certificate. on instructions important. plnods OF CAUSE mation LION

1. PLACE OF DEATH Frederick. Registration Dist. No. County State Sanatorium, Md. No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME Kate Touey If U. S. Veteran, specify WAR. Spring Grove, State Hospital Ward. Catonsville, Md.
(Usual place of abode), If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female White Single 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 3 1937 to Mari I lest saw h er elive on Mar 4 1937 death is said 1887 6. DATE OF BIRTH (month, dev. end veer) to have occurred on the date stated above, at 2.30 ... M. 7. AGE If LESS then Months Deys 1 day...-hrs. 49 12 The PRINCIPAL CAUSE OF DEATH and releted couses of importance or min. 8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc..... OCCUPATION Laundress Diabetes Mellitus. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Dete deceased lest worked at 11. Total time (yeers) this occupation (month and 1937 year) spent in this nknown Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Maryland. (State or country) Diabetic Coma FATHER Pulmonary Tuberculosis 13. NAME James E. Touev 14. BIRTHPLACE (city or town)_____ Mar vland (State or country) What test confirmed diegnosis? 15. MAIDEN NAME Alice V. Pickett 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Dete of Injury______19_____ 16. BIRTHPLACE (city or town) Maryland (State or country) Where did injury occur?_____ (Specify city or town, county and State) Myrtle Linton Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Spring Grove State Hospital 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Place Balto Md. Dete Unknown 19 Neture of injury_____ 24. Wes disease or injury in eny way related to occupation of deceased? NO M.L.Creager 19. UNDERTAKER Thurmont, Md. If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
To the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Registration Dist. No. 154	Ward
County Frederick Registration Dist. No. 194	Ward
registration Dist. 180,	Ward
Village of City Comment Thanks and No. 12 0 4 St.	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)	, , , , , ,
Length of residence in city or town where death occurredyrsds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME WARM TIME IN LASTER S. Veteran, specify WAR	
(a) Residence: No. St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (brite the word) 21. DATE OF DEATH (Month) (Month) (10) (10) (10)	1
5a If married, widowed, or divorced	117
(or) WIFE of	d from
9110 P. (A 27) - HULLE G., 193 ., to, 19.	
6. DATE OF BIRTH (month, day, and year) 1 last sew h alive of 1,19 ; death	is said
7. AGE Years Months Deys It LESS than 1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Ormin. were as follows:	fonset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and spent in this	
yeer) occupation occupation	
12. BIRTHPLACE (city or town)	
(State or country)	
II 13. NAME IL AV CE. Tressell .	
13. NAME WALLS 14. BIRTHPLACE (city or town) Council State of Name of operation Oete of Oete o	
What test confirmed diegnosis? Was there an autopsy?	
15. MAIDEN NAME 15. MAIDEN NAM	
16. BIRTHPLACE (city or town) Date of injury Date o	
(Specify city or town, county and State)	
17. INFORMANT TO Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address)	
18. BURIAL, CREMATION, OF REMOVAL FIRE METERS Menner of injury	
Place Faintille Ja Oal March 10, 1987 Nature of injury	
1100000	
19. UNDERTAKER 24. Was disease or injury in any wey related to occupation of deceased?	
7 Man of 11 11	
20. FILED MOZ. 10, 1637 M. F. Shuff (Signed) (Address) (Address)	_M. D.
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
		<i>y</i>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING certificate. MARGIN RESERVED FOR AGE should be TION is very important. See instructions on back of UNFADING mation should be carefully supplied. V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Frederick	Registration Dist. No.
Village or City Frederick	ND. Fred'K City Hospitalst, Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Maggie Ludy Wack	Her W. S. Veteran, specify WAR
(a) Residence: No. 12 / E. Sixth St. Frede (Usual place of abode)	Prick. And Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 19 193 2
5e. If merried, widowed, or divorced HUSBAND of	(Month) (Dey) (Yest)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
6.4.10/3	- 198 to 198 / 199 /
6. DATE OF BIRTH (month, dey, end year)	I lest sew harman elive on 1930 7; deeth is said
7. AGE Yeers Months Days If LESS then 1 day,hrs.	to have occurred on the date steted above, et
	were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc 10458 KERPLY	Culture mysecally
Sind of work done, es SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and A.C.) 11. Total time (years)	Cusur resegrices 1777
10. Date decessed last worked at this occupation (month and Nov. 1934 spent in this occupation this occupation this occupation.	
12. BIRTHPLACE (city or town) NY Myers ville, (State or country)	Dther Contributory Causes of importance:
	- of
13. NAME George M. Wachter 14. BIRTHPLACE (city or town) Frederick Ga.	Neme of operation Date of
(Stele of Country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Julia Fox 16. BIRTHPLACE (city or town) Frederick Ga (State or country)	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Frederick Co	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT MYS Lda Sheffey (Address) 233 W. F. fth Sh Fredik	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Te farmed (Em. 1 Dete 1/ ar 22 193)	Nature of Injury
19. UNDERTAKER Gladhill Coo (Address) Middletonn	24. Wes diseese or injury In any wey related to occupetion of deceesed?
Dr ma Donel	(Signed) VIIICeus M.D.
20. FILEB 4 - Make, 19. Miller Registrar.	(Address) Treduces Int

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Control of the Contro			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/2	Village or City Aredonioid - City Hospi	
2		death, occurred in a hospital or institution, aire its NAN
2	Langth of rasidance in city or town where death occurredyrsmos. 2. FULL NAME Andrew Wilkiam Walte:	
	(a) Residence: No. Dauly md.	
	(Usual place of abode) Trus	St., Ward. If nonreside
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH
-	If married, widowed, or divorcad	(Month)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTII
	DATE OF BIRTH (month, day, and year) February 28, 1931	Hast saw h M alive on march
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at J.Z.:
	6 0 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated cauwere as follows:
N	8. Trade, profassion, or particular kind of work done, as SPINNER.	
ATIC	SAWYER, BOOKKEEPER, etc. At Home 9. Industry or business in which	Columnescens men
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, atc.	Tulimalalles War
00	10. Data decaased last worked at this occupation (month and spant in this	
	year) occupation	Other Contributory Canses of importanca: Fracturel Skull
12.	(Stata or country) Maryland	raduel sauce
ER	13. NAME Lawrence A. Walter	
FATHE	14. BIRTHPLACE (city or town)	Name ol operation home
1-	(State or country) Maryland	What test confirmed diagnosis Dumliar pur
MOTHER	15. MAIDEN NAME Mary Downey	23. Il death was due to external causes (VIOLENCE) Accident, suicide, or homicide?
MO	16. BIRTHPLACE (city or town)	Where did injury occur? Ballimail
17.	INFORMANT Lawrence A. Walter	(Specify city Specify whether injury occurred in INDUSTRY, In I
	(Address) Doubs, Md.	Cublic place
18.	BURIAL, CREMATION, OR REMOVAL Frederick, Md. Placa Nt. Olivet Cem. Data 3/26/37, 19	Manner of Injury F. A. J. S. S.
	M. D. Et-1-1-1 P. Good	Nature of Injury tratelized
19.	UNDERTAKER N.A. Htchison & Son (Addrass) Frederick Nd.	24. Was disaasa or injury In any way related to occu
1	FILED 24- Morchiso T. Dio John - Curly	(Signad) Charles X (

instead of street and number) yrs. _____ds. nt give city or town and State E OF DEATH FY, Thet I attended deceased from march 24, 1937 23 , 19.3. 7.; death is sald 25 A m. usas of Importance Date of onset fill in also the following: Date of injury 3 - 4 or town, county and State) HOME, or In PUBLIC PLACE. apation of deceasad?__

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of de of importance were as fol	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AITT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo pluods County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town whera daath occurred_yrs. ____ds. How long In U.S. if of foreign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR_ SI (a) Residence: No PHYS (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH . 🛱 OR DIVORCED (rupite tha word) (Month) (Day) BINDING 5a. If marriad, widowed, or divorcad HUSBAND of CERTI Than attended daceasad from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 4 7. AGE Years Months Days if LESS than to have occurred on the date steted above, at. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, RESERVED of SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc.... on 10. Data deceasad last worked at this occupation (month and spent in this C instructions occupation _____ Contributory Causes of Importance: 12. BIRTHPLACE (city or town MARGIN (Stata or country) FATHER 14. BIRTHPLACE (city or town) Name of operation... (Stata or country What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 23. If daeth was due to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homloida?______ Date of injury______19__ 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?_____ (Specify city or town, county and State) DE. Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. bluods (Addrass) OF 18. BURIAL Manner of injury CAUSE LION Neture of injury_ 24. Was diseasa or injue In vaw ralated tollowcupation of decaased (Addrass) If so, specify (Signad) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis APR 3 100:	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:	Harris St.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Dr. Olinke

V. S. No. 1

STATE OF MARKET OF SEATTH	STATE OF	MARYLAN	ID-CERTIFICA	TE OF	DEATH	03001
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1. PLACE OF DEATH	920
/ county Trederille	Registration Dist. No. 38
Village or City Monsoura	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Horizon J. WEAS	fr and the second secon
(a) Residence: No. Mousoute	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nenresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 25
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Elancor WEast, 1854	22. THEREBY CERTIFY. That I strended deceased from 1936 to March 25 1937
6. DATE OF BIRTH (month, day, and year) Solf, 22, 1904	I last saw h_ saive on March 25 , 19.37; death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, atm.
8 × 1 6 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1920
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc. Toaning Tacks	
10. Date deceased last worked at this occupation (month and 1936 spent in this occupation 1936)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Mary Land	
13. NAME Milloy & WEast,	
13. NAME / VILLOY G. WEAST,	Name of operation
(State of country)	What test confirmed diagnosis? Churea Was there an au'opsy? New
15. MAIDEN NAME Charity & Wolty,	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
610 116 22	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CLUCEL WEST	Specify whether injury occurred in INOUSTRY, IN NOWE, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place See 1. Hell Date 3-28-, 1937	Nature of injury
19. UNDERTAKER CN & Falsoner	24. Was disease or injury in any way related to occupation of deceased? No
(Address) New Markey Md	If so, specify
20. FILEO Mars 21 , 1937 Lucian K. + alconer	(Signed) Mesor Wester Med M. O.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	County TAGGET TOA		OLDOCADA HEIRO	Registration Dist. No.	/	
	Village or City Frederic	K	(If	No. 1013 No Market St., death occurred in a horpital or institution, give its NAME instead of street and number	Ward	
	Langth of residence in city or town wher	e death occurred	5 yrs mos	ds. How long In U.S. if of foreign birth?yrsmos	ds	
2	FULL NAME Mrs. Al		Mite	If U. S. Veteran, specify WAR None		
	(a) Residence: No. 32 E.	Third	0	St., Ward.		
-	DECCOVAL AND CENTIC	(Usual piac	X	If nonresident give city or town and State		
3. S	PERSONAL AND STATIS EX 4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH		
	Female White	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March 17th, (Month) (Day)	7 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. White				22. JI HEREBY CERTIFY, Thet I attended deceased from 127, 19.36, to 27.19.36		
	DATE OF BIRTH (month, day, and year)	Unknown		t last saw her alive on 17 1937; dea		
7. A	MIL OF BIKIN (Month, day, and year)	Deys	If LESS than	to have occurred on the date stated above, at	LH 13 341	
	82?		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e of onse	
5	8: Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House W	lork	Paraly to Singe Dat	rcal.	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL.					
000	10. Date deceased last worked at this occupation (month and year)	37 11. Total sp	time (years) ant in this 50 cupation			
12.	BIRTHPLACE (city or town) Un	known		Other Contributory Causes of Importence:		
J	13. NAME Henry Eber	ly				
	14. BIRTHPLACE (city or town)			Name of operation Name of operation Dete of De		
TAINER				What test confirmed diagnosis?	sy?	
_!	(State or country) Pa	n		00 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
٦ ۲	(State or country) Pa 15. MAIDEN NAME Unknow 16. BIRTHPLACE (city or town)			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Therefore	19	
MOINER FAIHER	(State or country) Pa 15. MAIDEN NAME Unknow 16. BIRTHPLACE (city or town) Un (State or country) Un INFORMANT Mrs. Edward	known Sinn			19	
17.	(State or country) Pa 15. MAIDEN NAME Unknow. 16. BIRTHPLACE (city or town)	known Sinn Md.	Cemetory 20 19 37	Accident, suicide, or homicide? Date of injury	19	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AFR 3 1937				
Other contributory causes of importance:		Other contributory causes of importance:	b=+-	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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I may be able to get additional information on Trus. whites durch certificale but not before later in the wouth, from relatives. If this information is obtained. I well forward it to you.

N. B.-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03002
1. PLACE OF DEATH	(3)
County Frederick within the December	Registration Dist. No.
Village or City Frederick	No. 103 S. Bentz St Ward
(1	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsds
2. FULL NAME Lee Whiting	None
Z. FULL NAME	If U.S. Veteran, specify WAR
(a) Residence: No. 103 S. Bentz (Usual place of abode)	St., Ward Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) male colored married	21. DATE OF DEATH March 22, 193 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of Ella Clark	22. I HEREBY CERTIFY. That I ttended deceased from
S DATE OF BIRTH (month day and weet) Aug. 18, 1863	I lest sew h im alive on March 21 1957; deeth is self
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, at 2.30 Am.
73 7 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
I Irade profession or particular	Date of onset
kind of work done, as SPINNER. Laborer SAWYER, BOOKKEEPER, etc	Cultible of lefterle 3/
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	11/2
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at 3/36 11. Total time (years) 55 spent in this occupetion (month end year)	10 min 1/3
Charlestown	Other Costs butory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country) W. Va.	-
13. NAME Samuel Whiting	
13. NAME Samuel Whiting Charlestown (Stete or country) 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of
15. MAIDEN NAME Pary (UNKIO IV)	Whet test confirmed diegnosis?
15. MAIDEN NAME PARY (UNKAOTN) Charlestown, 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Lee Whiting (Address) Frederick Ad.	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Prederick	Manner of injury
Plece Fairview Cem Dete March 24 919 37	Nature of Injury 1 P D
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED 4 - Mosels, 1937. Dra J. M. Curdy	(Signed) M. [

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
1			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1130113
1. PLACE OF DEATH	820
County Irederick	Registration Dist. No.
Village or City De Le derick Moulevul	No. Emergine Hashile St., Ward death occurred in a hospital of institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 217 & Church St. (Usual place of abode)	St. Ward. No lf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Workild	21. DATE OF DEATH March (2 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Christopher T. Wilson	22. I HEREBY CERTIFY, Thet I ettended deceased from Massel 12,19.3.7, to 2002.2012.19.3.7
6. DATE OF BIRTH (month, day, and yeer) april 11, 1870 7. AGE Years Months Days If LESS than	I lest saw h less alive on 22 alive on 19.37; deeth is said to have occurred on the date stated above, at 132 m.
66 // / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this count in	Cerebras hemostique muly
10. Date deceased last worked at this occupetion (month and year) spent in this occupetion 45 year) 12. BIRTHPLACE (city or town) LLA Sels BASES	Othar Contributory Causes of importance:
(State or country)	artinos claracio 1735
13. NAME George W. Smille 14. BIRTHPLACE (city or town) Woodshare, (State or country)	
(State of Country)	Name of operetion
# 15. MAIDEN NAME Mary Jane Berrier)	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary Jane Berrier) 16. BIRTHPLACE (city or town) So alshare, (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mris topken T. Welson (Address) I bederick, Mal	Specify whethar Injury occurrad In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Stellie & Mengara J. Date Man: 15	Menner of Injury
19. UNDERTAKER C.E. Click + Low (Address) Itelerick, Mid.	24. Wes disease or injury in any way related to occupation of deceased? 220
FILED 3- Mercho 37. Drs J. Jus. Crysk	(Signed) Blothers M. D. (Address) Anderse 2014
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week
Attack of epilepsy 1 week
Run over by street car 1 week
7 Peritonitis 3 days
Other contributory causes of importance: 3 Gastroenteritis 1 yea

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Mr 80 Thomas

V. S. No. 1 N. B. of OCCUPA.

STATE OF MARTLAND	CERTIFICATE OF DEATH (1300)
1. PLACE OF DEATH	(82:20)
County Frederick	Registration Dist. No. 140
Village or City Woods bor	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Mary & Winds	oler .
(a) Residence: No.	St., Ward.
(Usual place of abode)	If wonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (number the word)	21. DATE OF DEATH March 15 (Day) (Year)
5e. If married, widowed, or divorced	
HUSBAND of (or) WIFE of Jesse Joseal Wingigler	22. I HEREBY CERTIFY, That I attended deceased from 19.27 to mehr 15 19.37
6. DATE OF BIRTH (month, day, and year) Sept. 18 1855	I last saw h er alive on march 15 , 19-37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atAm.
8/ 5 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end.) 11. Total time (years) spent in this spent	Arterioscleroses Date of onset
9. Industry or business in which work was done, as SILK MILL,	Loget Sides Parchages
SAW MILL, BANK, etc.	The & Corderal ordering & Test
O 1D. Date deceased lest worked et this occupation (month end 93 spent in this occupation (coupation occupation occupatio	The state of the s
7 110	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Cerebral of morrhoge 1937
13. NAME James Joy 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Posa Mease	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Posa Mease	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Joy Steely 14.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of Injury
Place Mar. 18, 19 17	Nature of injury
19. UNDERTAKER Powell Albanch (Address) 24 and 19.	24. Was disease or injury In eny way related to occupation of deceased?
3/18 20 8 9 0 00	(Signed) 6 Q S tults MD
20. FILED 19. 19.31 Registrar.	(Address) Woodsbard Md,
Registrar,	. (viutioss)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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nset The principal cause of death and related causes Date of onset of importance were as follows:
or importance were as rollows.
5 Attack of epilepsy 1 week ago
1 Run over by street car 1 week age
1927 Peritonitis 3 days ago
Other contributory causes of importance: 1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARY	AND-CERTIFICA	ATE	OF	DEATH
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61	67	4 4	()		
U	3	U	U	ı)

1. PLACE O	F DEA	гн				,0090
County		Freder	rick.		Registration Dist. No. 1	39
Village or C		State			No. St., death occurred in a hospital or institution, give its NAME instead of street an .28 ds. How long In U.S. II of loreign birth? yrs.	
2. FULL NA (a) Residen				erine You timore, S	ing. If U. S. Veteran, specify WAR. St., Ward. Baltimore, Maryl If nonresident give city or town a	and •
PERSON	IAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	W	r or race hite	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word) 10	21. DATE OF DEATH March (Month) (Dey)	, 193_7 (Year)
5a. It married, widow HUSBAND of (or) WIFE ot 6. DATE OF BIRTH	(month, de		O CHAIR P	1909	22. I HEREBY CERTIFY, That I ettended Jan. 17 1937, to Mar. 15 193	15., 19.37
7. AGE Yes	8	Months 2	Days 6	It LESS then I dey,hrs. ormin.	to have occurred on the date steted above, et. 4.30P.p.M. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es tollows:	Date of onset
SAWYER 9. Industry or work we SAW MI	work dona, , BOOKKEE business in s done, es LL, BANK, and last wo	as SPINNER, PER, etc which SILK MILL, etc	Seams	tress ime (years) ntin this 5Yrs.	Pulmonary Tuberculosis	J uly 1936
12. BIRTHPLACE (c) (State or cou	ty or town) ntry)	B.	altimor aryland	6	Other Contributory Couses of importance: Tuberculous Laryngitis	
	E (city or to r country)		aryland		Name of operation	n eutopsy n O
17. INFORMANT	E (city or to r country)	advs Ca	ermany therine	Young	23. II death was due to externel causes (VIOLENCE) fill In elso the Iollow Accident, sulcide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S pecity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	ring:
(Address) 18. BURIAL, CREMA PleceB	TION, OR I	altimor REMOVAL Md:		nown 19	Mannar ot injury	
19. UNDERTAKER(Address) 20. FILED	7	M.L.Cne Thurmen	ager t Md	Paritte	24. Wes disease or injury in any wey related to occupation of decessed? It so, specity (Signed) Stewart S. Mafe (Address) Male Lang Lang	fa M.D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FURTALI V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year